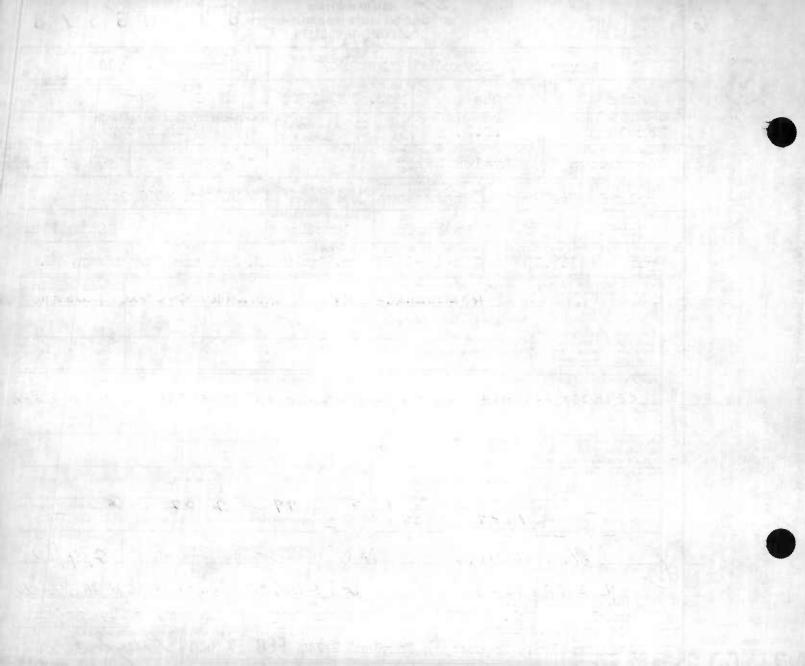
Y	1.	REGISTRAR		DEP		FICATE OF DEATH		2		-
		CEASED NAME	FIRST	WIDDIE		LAST	REG. NO	MONTH D	AY YEAR	26. H
		Н	arry	Edward		DERSON	February		1980	
	3 SE	Male		White	NOV.	18°, 18°94	4 AGE (IN YEARS LAST BIRTI		FUNDER I YEAR	HOUR
35		RTHPLACE (STATE ORI	OREIGN 76	U.S.A.	MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF		
90		Hagersto		NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPATE CTYPE OF WORK FOR MOST O OPETAT		126 KIND C	cl
35	130 5	al residence (# NUR STATE aryland	Washi	ngton Hage	rstown	134 INSIDE CITY LIMITS? YES A NO	130. 922 ADRESS	Hill	Aven	ue
11	14 FA	David	MIDE	Ande	rson	Mammie	ME MIDGLE		Kit'	Żmi
	16e. V	VAS DECEASED EVER	W.W. I	D FORCES? 166 SOCIAL S 218-3	SECURITY NO. 0-9632	Mrs. Pauline	K. Anderson		erstow	n,]
		5998 Conditions, if any gove rise to im cause 101, stati	mediate ng the	DUE TO, OR AS A CONSI	EQUENCE OF	- GENITO U	TOTAL TOTAL	12/5/5/	V	UE
9	IFICATION	gove rise to im cause 101, stati underlying coust PART 2 OTHER SIG	which mediate the second state of the second s	DUE TO, OR AS A CONSI	EQUENCE OF TO DEATH BUT TEILIOS	NOT RELATED TO THE TERM	INAL DISEASE OR CONI PA DEGENE 200 AUTOPSY?	DITION GIVE	EN IN PART 10 F 13/1A WERE FINDIN	NGS U
99	AL CERTIFICATION	gove rise to im cause 101, stoti underlying cous. PART 2 OTHER SIG LENE 190 DATE OF OPERA 210, ACCIDENT WAS UN OR CONTRIBUTING	which mediate my the lost with	DUE TO, OR AS A CONSI	EQUENCE OF TO DEATH BUT TETLED HICH OPERATIO DAY YEAR	NOT RELATED TO THE TERM	INAL DISEASE OR CONI PA DEGENE 200 AUTOPSY? YES NO	DITION GIVE	EN IN PART 10 F 13/14 WERE FINDING CAUSES	O' NGS U OF DE
99	MEDICAL CERTIFICATION	gove rise to im cause 101, stoti underlying cous. PART 2 OTHER SIG LENE 190 DATE OF OPERA 210, ACCIDENT WAS UN OR CONTRIBUTING [[IF EITHER, NOTIFY MEDIN 216, INJURY OCCUR	which mediate mg the lost with	DUE TO, OR AS A CONSI	EQUENCE OF TO DEATH BUT TETLIOS HICH OPERATIO DAY YEAR 19	NOT RELATED TO THE TERM ICLEIOSIS WIT	INAL DISEASE OR CONI PA DEGENE 200 AUTOPSY? YES NO	DITION GIVE 200 IF YES, IN CERTIFY YES RY IN ITEM 18, PA	EN IN PART 10 F 13/14 WERE FINDING CAUSES	o,
99		gove rise to im cause 101, stoti underlying cous. PART 2 OTHER SIG LENEAL 190 DATE OF OPERA 210, ACCIDENT WAS UN OR CONTRIBUTING [[IF EITHER, NOT IFV MEDIX 214, INJURY OCCUR WHILE AT W. 214 LOST AT W. 215 Certify that (1) sow the decay	which mediate my the lost with	DUE TO, OR AS A CONSI (c) DUE TO, OR AS A CONSI (c) NDITIONS CONTRIBUTING S CALAIL AIL 196 CONDITION FOR WH 216 TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OF)	EQUENCE OF TO DEATH BUT TE IL 10 HICH OPERATIO DAY YEAR 19 FICE, FARM, ETC.)	NOT RELATED TO THE TERM LEILOSIS WIT N WAS PERFORMED 214 HOW INJURY OCCURS	INAL DISEASE OR CONI PA DEGENE 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOW	DITION GIVE 200 IF YES, IN CERT IFY YES RY IN ITEM 18, PA	EN IN PART 16 F (3/1A) WERE FINDIN (ING CAUSES COUNTY 19	MGS U
99		gove rise to im cause in stoti underlying coust underlying coust underlying coust part 2 OTHER SIG LEVEL 190 DATE OF OPERA OR CONTRIBUTING (IF EITHER, NOTIFY AREA AT WORK AT WORK AT WORK AT WORK AT WORK COURT OF OTHER COUNTY OTHER COUNTY OF OTHER COUNTY OF OTHER COUNTY OF OTHER COUNTY OF OTHER COUNTY O	which mediate my the lost with	DUE TO, OR AS A CONSI 1b) DUE TO, OR AS A CONSI (c) NDITIONS CONTRIBUTING S CA LA IL A IL 19b CONDITION FOR WE 21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF) oftended the deceased from the body ofter death.	EQUENCE OF TO DEATH BUT TE IL 10 HICH OPERATIO DAY YEAR 19 FICE, FARM, ETC.)	NOT RELATED TO THE TERM CLETOSIS WITH N WAS PERFORMED 211 LOCATION STREET 19 11 10 11 (my) (our) opinion of the direction of the directio	INAL DISEASE OR CONI THE GENE 100 AUTOPSY? YES NO CITY OR TOW CITY OR TOW CITY OR TOW ABOUT ALL STAF	200 IF YES, IN CERT IFY YES TY IN ITEM 18, PA	COUNTY ON THE PART 10 OF 13/14 WERE FINDING ON THE OR PART 2) COUNTY ON THE OR PART 2	MGS U
99	MEDICAL	gove rise to im cause 101, stoti underlying cous. PART 2 OTHER SIG LENEAL 190 DATE OF OPERA 210, ACCIDENT WAS UN OR CONTRIBUTING [[IF EITHER, NOT IF WAEDA 214, INJURY OCCUR WHILE ATWORK ATW. 220 certify that (sow the decean above, () (we) (Which mediate my the elost the policy of the	DUE TO, OR AS A CONSI	EQUENCE OF EQUENCE OF TO DEATH BUT TETLED HICH OPERATIO DAY YEAR 19 FICE, FARM, ETC.) OM 19 23c NAME OF C	21c HOW INJURY OCCURE 21l LOCATION 21l LOCATION STREET ATTENDING PHYSICIAN 22e ADDRESS	INAL DISEASE OR CONI THE DEGENE 100 AUTOPSY? YES NO CITY OR TOW CITY OR TOW CITY OR TOW MEDICAL STAF DIRECTOR PHYSIC ST. HAGER 1334 LOCATION	20 IF YES, IN CERTIFY YES TO THE TEM IB. PA	COUNTY ON THE PART 10 OF 13/14 WERE FINDIN (ING CAUSES COUNTY ON THE PART 2) COUNTY ON THE PART 2	that (I



6	1 -	FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N		3 3	7 9
100		OR PRINTI	nst n		ichard	BAK	ER	Febru		, 1980	2b. HOUR
nce.	3 SE)	Male	1	RACE Whit	te	Jan		6 AGE IN YEARS LAST BIRT 81		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
P=35		RTHPLACE (STATE OR FOREK DUNTRY) Varyland	SN 7h	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	BALTIMORE CITY O	shingto		MD.
O Che not		ty or town of DEATH lagerstown	11	1. NAME OF 1	HOSPITAL, NURSING CARE STREET	G HOME C ADDRESS)	DR OTHER INSTITUTION	12ª USUAL OCCUPATI (TYPE OF WORK FOR MOST O MACHINIS	ON F WORKING LIFE)	PATTY	r BUSINESS OR COAD
1235	13a S	AL RESIDENCE (IF NURSING ITATE ITATE ITATE)	COUNTY ashi	ngton	GIVE RESIDENCE REFORE 13. CITY OR TOWN Hagersto	ADMISSIONI DWN	134. INSIDE CITY LIMITS?	13r. 5439A°Cari	r Stree	et	E
1	14. FA	John	Ä	DOLE •	Baker		15. MOTHER'S MAIDEN NAME EMMA	Mae Mae		Sweit	zer
7	6a V (Y	VAS DECEASED EVER IN (ES, NO OR UNKNOWN) (IF		ED FORCES? 'AR OR DATES)	705-05-5		Mrs. Helen I	. Paden, Ha		own, Ma	aryland
nows any injury, or other	CERTIFICATION	underlying couse 1	the lost	nditions <u>co</u>		PEATH BUT	NOT RELATED TO THE TERMI	200 AUTOPSY?	206. IF YES, IN CERTIFY	WERE FINDIN	GS USED OF DEATH?
Item 18 st		210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH			Y YEAR	21c. HOW INJURY OCCURR	YES NOTE	YES		но 🗌
narked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21R PLACE	OF INJURY REET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
		22a I certify that (I) (the sow the deceased a abave, (I) (which the				. 01	, 19 64 nd that in (my) (Xr) opinion o	to 2/3/80	,		that (I) (lost couses stoted
MPORTANI: II Ite		224 PHYSICIAN'S NAME B. B. Kne	1G	reus (2, li		220 ADDRESS 148	MEDICAL STAN Kolrector Physic Nest Wash rstown, M	ingto		30
2	23a E	URIAL, CREMATION, REA	MOVAL	Feb.	6,1980 231 1	Rose	EMETERY OF CREMATORY Hill Centery	Hagersto	wn, Wa	sir, M	aryland
25M) 1/79	24 FL	INERAL DIRECTORMIN	NICH Blv	FUNER d., Ha	AL HOME gerstown,	Mary	land 21740 FF	REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	URE

CTATE OF MARYLAND

Aventania advisa palvina div

1	FOR - STATE			DEPARTMENT O		ND MENTAL I		0	5 3	3 0)
	REGISTRAR DECEASED NAME TYPE OF PRINT)	FIRST Paul		MIDDLE BON	BAKER	57	2e. DATI OF	REG. NO ESTI- H MATED	MONTH I	6 1980	2b. H
	Male	RACE White	5 DATE OF BIRTH MONTH DAY Jan. 10	, 1917 63	YEARS IF UNDE	DAYS HOURS	24 HRS. 2c. DA MIN PRONO DE.	TE UNCED AD	Fab (1980	2d.
35 1	BIRTHPLACE (STA FOREIGN COUNTRY) Benevola, CITY OR TOWN O	Md.	U. S.		WIDOWED		IED 📙	MORE CITY O	ton		C 15.7E
00 I	Boonsboro		Rfd.	Box 158 VE RESIDENCE BEFORE ADMIS)	INSTITUTION	FOR MOST OF W	Hauler		OR INDUSTR	Y
5 1	Caryland	Wash	ington	Boonsbor	13	NSIDE CITY LIMITS	13e. STREET ADD	1ESSBox 1	158		
0	FATHER'S NAME Claren		R.	Baker		S. MOTHER'S MAID		C.		Jones	
/	WAS DECEASED I (YES, NO, OR UNKNOW!	N) (IF YES, GIVE W	VAR OR DATES) TWO	220-18-1		Mrs. Gera	ldine L.	Baker	Rrd.	1 Box	
CREMATION, OR REMOVAL.	gave rise cause (a) st lying cause PART 2 OTHER SIGN	to immediate tating the <u>under-</u>	(c)	AS A CONSEQUENCE		R CONDITION GIVEN IN PJ	RT 1 (a).				
MARYLAND, 21201 PRIOR TO BURIAL, CREM	19a. DATE OF C	PERATION	19b. CONDI	TION FOR WHICH OP	ERATION WAS	PERFORMED?				20. AUTOPSY?	NO
MEDICAL CEPTIFICATION	210 EXTERNAL UNDERLYING CONTRIBUTING	OR G CAUSE OF D		MONTH DAY YE		/ INJURY OCCURR	D LENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2		110
MEDI	21d, INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOCA STRE		CITY OR	TOWN	COUNTY	4	5
	22a. I certify death resulted ACTUAL SIGNATURE		at the remains des	accident , s	Autapsy Suicide	Hamicide ,	Undetermined	manner .	DATE SIGNED	Eb 6	13
22	EXAMINER'S N (TYPE OR PRINT		V. Week	23c. NAME OF C			23d LOCATION	1			
24.	Burial FUNERAL DIRECTO	OR .	2-9-80		La Ceme	tery	Benev REC'D. BY REGIST	ola, Wa	ash. Co	Md.	TE
				oro, Md. 2		1 500. 0 1110		17711 ES 0. 1	INTINAL DOTO	THE THE	

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2/17/41		N. A.	1 4 C. / L. O		
April 18		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
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FOR STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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		the galles has		
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(0)	1-	STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. N	0.
		CEASED NAME FIRST Hele	n Eleanor	Barnhart	2e. DATE OF DEATH	MONTH DAY YEAR 28 HOUR 2 - 4 - 80 1:05 m
pouc	3 SE	Female	white	S DATE OF BIRTH AONTH 22-1908	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER TYPE AR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
10/2	70 BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	25 CITIZEN OF WHAT COUNTRY?	MARRIED A NEVER MARRIED WIDOWED DIVORCED	Washin	OR COUNTY OF DEATH
179 1179	10 CI	abeestown	11. NAME OF HOSPITAL, NURSIN HE NOT IN SUCH FACILITY, GIVE STREET WASHINGTON	GHOME OR OTHER INSTITUTION DORESS) HOSPITA	174 USUAL OCCUPAT (TYPFOF WORK FOR MOST OF	OF WORKING LIFE) INDUSTRY
E SUPERIOR SERVICE	USU.	AL RESIDENCE (IF MURSING HOME OF STATE 136 COURS	TY III CITY OR TOWN		130. STREET ADDRESS	idolph Ave
odical exa	O		MDDLE Richardson	N Myetle	Hazel	GREENawalt
t, the m	16a V	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	the process is social security and security	423 Allen E	. Barenha	et see #13
atic even		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), and DBY: TE CAUSE (a)	july for	& forth	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 W
er traum		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ICE OF house h	und due	unst
, o d		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	Egel arbur	edu	use
un injur	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART 1(0)
s shows	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
or Item 18		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELETE CHEET CONTRIBUTION CON	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR PART 2)
narked o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	214, PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
m 21 is r		saw the deceased alive an	ital) attended the deceased from 19 11 view the bady after death.	, 19, and that in (my) (our) opinion	death occurred an the d	, 19 , that (I) (we) lost lote and hour and from the causes stated
T: 17 1te		22b. SIGNATURE	the l	DEGREE ATTENDING PHYSICIAN P	MEDICAL STA	FF CIAN DATE SIGNED
MPORTANT		22d. PHYSICIAN'S NAME LITYPE OF	for on mu	22e ADDRESS / 45	Willer	light
₹ -	23e E	BURIAL, CREMATION, REMOVAL	236. DATE 236 N Cel	AME OF CEMETERY OF CREMATORY	23d LOCATION STY OF TOWN	COUNTARY STATE
25M 1/79	24 FI	UNERAL DIRECTOR	ADDRESS V.	Februar ST. 150 DAY	V - / - / -	755 RECISTRAR'S SIGNATURE

STATE OF MARYLAND

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On a 2 254 1908 71

Heavening with a 254 254 1908 71 Clarke Stones Richardson Martle Hazel Greenmalt Busial 2-6-89 States Low States & Hearthy States Com Carlet St. Married Freezeway St. Eller & Mar affecting FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGI
CEDTIFICATE OF DEATH

STATE OF MARYLAND	13	17	Foda	- 4	8	
ARTMENT OF HEALTH AND MENTAL HYGIEN	U	U	3	V	O.	,
CERTIFICATE OF DEATH						

	1-	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	
i i	DE(CEASED NAME FIRST OR PRINT) NE LLI	e Reba	BAR	TLES	February	10.0	3:20 AM
3.	SEX	emale	white	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR		R IF UNDER 24 HR5
25	CC	RTHPLACE STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT C	MARRIE WIDO WE		WASH	engton Co), MI
0	16	19ers town	RD8-H	19875 TO	OR OTHER INSTITUTION		OF WORKING LIFE) INDUSTR	of Business OF
5	3a. S	Ma. Wi	DUNTY I 1134 EIT	PENCE BEFORE ADMISSION) OR TOWN	13d INSIDE CITY LIMITS? YES NO R	130 STREET ADDRESS	gerstown	
2/2		Adain .	5. Rep	P	ROSE	A. MIDDLE	Myer	AST
1 16		VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN)	ARMED FORCES? 166 SO	CIAL SECURITY NO. 1-46-7298	Mrs. Martin	5. Shuel	100	own, inc
		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU		AMIO N	esp arnes		APPRO BETWEE	OXIMATE INTERVAL N ONSET AND DEATH
		1830	DUE TO, OR AS A C	ONSEQUENCE OF	N CARGIN	CARROLLA -		
		Conditions, if any, which gave rise to immediate couse ia, stating the underlying couse lost	DUE TO, OR AS A C	ONSEQUENCE OF	(Cristal In	0/(1.0)		
	NO	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBL	TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAMINATION.	DEATH HOUR A.M. MC	ONTH DAY YEAR	21c. HOW INJURY OCCURE	RED JENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU (AT HOME, STREET, FACTO		211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
		220.1 certify that (1) (this had sow the deceased alive above (1 (ive) (did) (did)	11741	19 00	nd that in (my) (our) apinion	, tadeath occurred an the d	ote and hour and from th	that (I) (we) last ne couses stated
		SIGNATURE A SIGNATURE	in for 6.	C. Neun	DEGREE MATTENDING	ARDICAL STA	/	19/80
1		22d PHYSICIAN'S NAME TY		ight Woost	22e ADDRESS er 1825 Howel	1 Rd. Hage	erstown, MD.	21740
2:	30,7	BURIAL CREMATION, REMOVE	March 3/8	23 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	stown me	STATE
2	4 FL	LE Muni	0/	ADDRESS HE (Pa MAR	E REC'D. BY REGISTRAR	25h REGISTRAR'S SIGN	TURE

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL BIRECTOR

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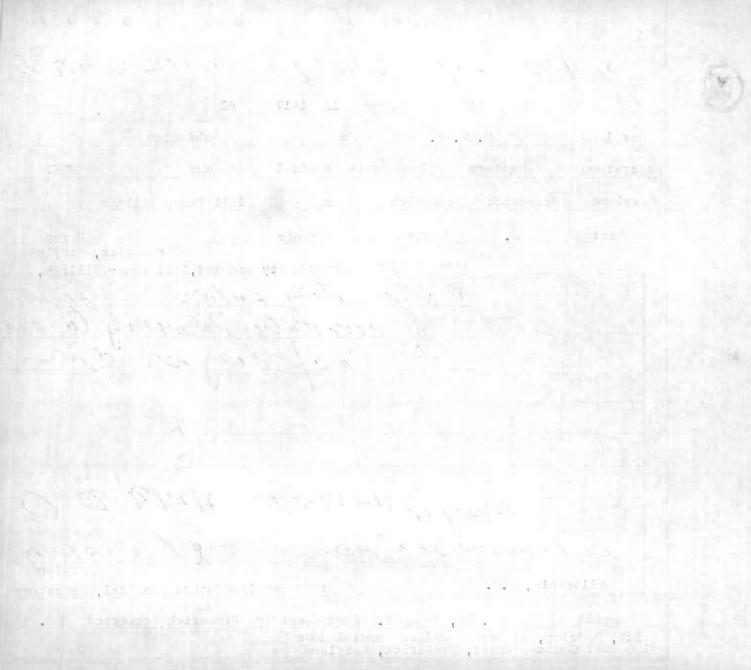
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	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL H	HYGIEN	REG.	NO.	3 3 6) 0
	1 DE	CEASED NAME	FIRST	,	MIDDLE	L	A51	20	DATE OF DEATH	MONTH	DAY YEAR	26 HOURS
		Sillian	EI	SWOT	B At	owe			Feb.	12	1980	1A
	3 SE	male		white		Oct.	3, 1914 YEAR	6. 4	AGE (IN YEARS LAST	BIRTHDAY) YRS	MONTHS DAYS	HOURS MIN
		RTHPLACE ISTATE OR FI		USA	WHAT COUNTRY?	8	D NEVER MARRIED	TY OF DEATH	MI			
11		ty or town of DEA gerstown	ATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET Ston Cour	IG HOME C	ROTHER INSTITUTION	120 (TY	USUAL OCCUPA PE OF WORK FOR MOS Central V	ation of working weldin	LIFE) 12b. KIND O INDUSTRY Welc	of BUSINESS OR
	USU/ *13aN	laryland	13WCOU	hington	GIVE RESIDENCE BEFORE 13. CITY OR TOW Hagerst	own	134 INSIDE CITY LIMITS	5? 13e	STREET ADDRES	itchell	Avenue	
	14. FA	Daniel Al	len B	owers	LAST		Effie Bel	NAME			LAS	
1	16a V	AS DECEASED EVER	IN U.S. AR	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADI	PRESS		
	, Y	ES. NO OR UNKNOWN)	1944-	-1945	235-18-7	486	Sally Dora	Bow	vers, Ha	gersto	wn, Md.	
	CERTIFICATION	Conditions, if ony gove rise to improve lot, statis underlying cause PART 2 OTHER SIGNATURE OF OPERA	, which mediate ag the last	DUE TO, OI DUE TO, OI DUE TO, OI DUE TO, OI CONDITIONS	r as a conseque r as a conseque distributing to b	ENCE OF	NOT RELATED TO THE TE	ERMINA			ES, WERE FINDIN	
	TIFIC							21	YES NO	IN CERT	TIFYING CAUSES	
1		218. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DE		M. MONTH DA	AY YEAR	21c. HOW INJURY OCC	CURRED	(ENTER NATURE OF IN	NJURY IN ITEM 18	I, PART T OR PART 2)	
	MEDICAL	21d INJURY OCCUR WHILE NOT W AT WORK AT WO		21e PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC }	21f. LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
		226.1 certify that (1) saw the decease above, (1) (well () 22b. SIGNATURE	ed alive an		-7 19 8		nd that in (my) (ser) opini	nion deat	th occurred on the			
			C	Immon	elula to	wi	ATTENDING PHYSICIAN	GNA	AEDICAL S	TAFF SICIAN [2-80
		22d. PHYSICIAN'S N	AME (TYPE C	DR PRINT)			22e. ADDRESS				-57.3	
- 1	11	URIAL, CREMATION,	REMOVAL				EMETERY OR CREMATOR		23d. LOCATION		COUNTY	STATE
- 1	bu	rial					Lawn Mem.P	ark	Hagers			
	24 FL	NERAL DIRECTOM	INNIC	CH FUNE	RALLHON	ИE	260	B RE	5 HORITE	AR 25b	ENTRES MEDICAL	maroly
	4	15 E. Wilso	on Bl	vd., Ha	gerstown	, Md.	21740		- 1500		/	/

THE STREET ALCOHOLD LANGUE OF THE STREET

] - ST/	ATE				MENT OF H	HEALTH		ENTAL		9.3	0	5	3	8	1
	. DECE	ASED NAME R PRINT)	FIRST	Н	MIDDLE	BRAT		LAST	CATE		20. DATE OF		FER	9"	1980	15. HOUR
ST ST	SEX MAL	4.	RACE WHITE	5. DATE OF BIR		6. AGE (IN YEA LAST BIRTHDA	RS IF UN	DER 1 YR.	IF UNDE	R 24 HRS.	2c. DATE PRONOUI DEAD	NCED F	MONTH EB. 9	198	YEAR	2d. HOUR 1:30F
ECESS INFRA FESS FESS FESS FESS FESS FESS FESS FES		HPLACE (STATI	E OR	75. CITIZEN OF	WHAT COUNT	TRY?	1	ED X NE	VER MARK	RIED	9. BALTIN	PBA/1825	OR COUNTON	NTY OF I	DEATH	MD
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TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTMORE, MARYLAND 21:		CTUAL GNATURE	Hara	edR	Tref	4	M.	TITLE (S	SPECIFY)	MED	ICAL EXAM	AINER	DATE	FE!	в 10	1980
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-	1 DE	CEASED NAME Ne TIME		MIDDLE	n	AST Burns	20 DATE OF DEATH		DAY YEAR	2b. HOUR
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ecto p	3 SE	female	4 RACE	white	S'DATE C	DAY YEAR	6 AGE JIN YEARS LAST BIRT	_		HUNDER 14 HRS
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by the funded within a state of the state of	1	ITY OR TOWN OF DEATH Lagerstown	I IF NOT IN SU	HOSPITAL, NURSIN CHEACHITY, GIVE STREET Ington Col	ADDRESS)	PROTHER INSTITUTION Hospital	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOUSEW	F WORKING LIFE) INDUSTRY	BUSINESS OR
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ompletely and 2 shou	14 F	ATHER'S NAME FIRST Charles	MIDDLE	Lewis	3	15. MOTHER'S MAIDEN NA FIRST Etta	ME		Trac	ey
ysician and copers. Pages 1 aboval.	16e \	VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) IF YES, GIVE NO	MED FORCES? WAR OR DATES)	215-07-9		Mr. Keller	A. Burns S		burg, Md.	
sen signed by the attending Then please remove carbon ior to burial, cremation, or ri any injury, or other trauma	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	ONTRIBUTING TO	MCE OF	GOLL O	INAL DISEASE OR CONF	DITION GIVI	EN IN PART 1(a)	day
on. Cate has b it permit. /giene pri	CERTIFICATION	190 DATE OF OPERATION	9	Luggen		N WAS PERFORMED COLON ZIC HOW INJURY OCCUR	200 AUTOPSY? YES NO NO	IN CERTIFY YES	, WERE FINDING YING CAUSES O	SS USED OF DEATH?
ph sc al-		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A	M. MONTH D	YEAR 19		ACO JENTER NATURE OF INJUI	T IN HEM IB, PA	GRITORPARIZ)	
After the sthe burner than M marked of	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE I AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR FOW	M	COUNTY	STATE
the hospital or a AL DIRECTOR: tached for use a te Dept. of Heal T: If Item 21 is		220 I certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no 22b. SIGNATURE	2-/	5 0 19		nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	/ MEDICAL STAF	F		
retained by the hospital TO FUNERAL DIRECT should be detached for u with the State Dept. of		224. PHYSICIAN'S NAME (TYPE O	/	y v		22e ADDRESS				
BP		BURIAL, CREMATION, REMOVAL SPECIFY) BUT	Peb. 1			emetery or crematory thel Cemetery			county derick, M	
DHMH-16 25M (VRA 15, 4) 1/79	74 F	NAME Davis Fune	ral Hom	e Smith	sburg	5, Md. 25. DA	BT 3 TOO	75b. REGISTI	RAR'S SIGNATU	ready



3	1.	FOR STATE REGISTRAR			DEPAR				0 \$	5 5 9	MI IS UNDER 24 HRS MIN INDER
^	ITYPI	CEASED NAME	FIRST	3	7171	Cx	urchey	2a DATE OF DEATH	2-29	08-c	12 am
nce.	3. SE	x Female		White				6. AGE (IN YEARS LAST BIR!			
rerai 72 h	C	IRTHPLACE ISTATE OR F OUNTRY Sharpsburg		U. S.	WHAT COUNTR	MARRIE			-	FDEATH	AAD
by the fur	10 C	ity or town of DE lagerstown		11. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	12ª USUAL OCCUPAT	ON	INDUSTRY	USINESS OR
tely filled in b should be file examiner mus	USÚ 13a	AL RESIDENCE IN NUR	SING HOME OR	ington	Sharps		134 INSIDE CITY LIMITS?	13. STREET ADDRESS	Box 88		
000	14. F.	Seiber	ե "	NIDOLE	Marshall	1	15. MOTHER'S MAIDEN NA	MIDDLE		Eily	7
Pages 1 and Pages 1, the medical	- 6	WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? WAR OR GATES)	217-58-		S. DATE OF BIRTH JULY 14,047 1910 A. AGE (IN TEARS LAST BIRTHOAY) MARRIED NEVER MARRIED WAShington MARRIED NOVECED WASHINGTON MONOMED DOORCED WASHINGTON MONOMED DOORCED WASHINGTON MONOMESION) 134 INSIDE CITY LIMITS? YES NO PHARMANT ADDRESS RTd. 1 Box 82 115. MOTHER'S MAIDEN NAME MITY NO 17 INFORMANT ADDRESS RTd. 1 Box 82 Mr. George E. Churchey, Sharpsburg, Md. MITY NO 17 INFORMANT ADDRESS RTd. 1 Box 82 Mr. George E. Churchey, Sharpsburg, Md. MITY NO 17 INFORMANT ADDRESS RTd. 1 Box 82 Mr. George E. Churchey, Sharpsburg, Md. MITY NO 17 INFORMANT ADDRESS RTd. 1 Box 82 Mr. George E. Churchey, Sharpsburg, Md. MITY NO 17 INFORMANT ADDRESS RTd. 1 Box 82 Mr. George E. Churchey, Sharpsburg, Md. MITY NO 17 INFORMANT ADDRESS RTd. 1 Box 82 Mr. George E. Churchey, Sharpsburg, Md. MITY NO 17 INFORMANT ADDRESS RTd. 1 Box 82 Mr. George E. Churchey, Sharpsburg, Md. MITY NO 17 INFORMANT ADDRESS RTd. 1 Box 82 Mr. George E. Churchey, Sharpsburg, Md. MITY NO 17 INFORMANT ADDRESS RTd. 1 Box 82 Mr. George E. Churchey, Sharpsburg, Md. MITY NO 18 INFORMANT ADDRESS RTd. 1 Box 82 MITY NO 18 INFORMANT ADDRESS RTd. 1 Box 82 MR. George E. Churchey, Sharpsburg, Md. MITY NO 18 INFORMANT ADDRESS RTd. 1 Box 82 MITY NO 18 INFORMANT ADDRESS RTd. 1 Box 82 MITY NO 18 INFORMANT ADDRESS RTd. 1 Box 82 MITY NO 18 INFORMANT ADDRESS RTd. 1 Box 82 MITY NO 18 INFORMANT ADDRESS RTD. 1 Box 82 MITY NO 18 INFORMANT ADDRESS RTD. 1 Box 82 MITY NO 18 INFORMANT ADDRESS RTD. 1 Box 82 MITY NO 18 INFORMANT ADDRESS RTD. 1 Box 82 MITY NO 18 INFORMANT ADDRESS RTD. 1 Box 82 MITY NO 18 INFORMANT ADDRESS RTD. 1 Box 82 MITY NO 18 INFORMANT ADDRESS RTD. 1 Box 82 MITY NO 18 INFORMANT ADDRESS RTD. 1 Box 82 MITY NO 18 INFORMANT ADDRESS RTD. 1 Box 82 MITY NO 18 INFORMANT ADDRESS RTD. 1 Box 82 MITY NO 18 INFORMANT ADDRESS RTD. 1 Box 82 MITY NO 18 INFORMANT ADDRESS RTD. 1 Box 82 MITY NO 18 INFORMANT ADDRESS RTD. 1 Box 82 MITY NO 18 INFORMANT ADDRESS RTD. 1 Box 82 MITY NO 18 INFORMANT ADDRESS RTD. 1 Box 82 MITY NO 18 INFORMANT ADDRE				
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been signe it. Then ple orier to bur vs any injur	ATION	PART 2 OTHER SIG							20b. IF YES, V	WERE FINDINGS	SUSED
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ECTOR:		22a L certify that (I saw the decease above, (I) (we) (ed alive on_	2/	25 19		nd that in (my) (arr) opinion	death occurred on the d	ote and hour c	and from the cou	ises stated
y the hos RAL DIR detached tate Dept (NT: If It		22b. SIGNATURE	10	ele	2	mi	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [271. DATE SK	5 80
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DHMH-16 25M (VRA 15, 4) 1/79	24. F	John H. I	Bast,	Jr. Bo	onsbore	, Md. 2	21713 FF	B 2 8 1980	TISE REGISTRA	ray SIGNATOR	wy

STATE OF MARYLAND

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John H. Bast, dr. Bounsboro, Ad. 21713

LDEC	REGISTRAR EASED NAME	FIRST	MIDDLE	-	AST	REG. NO	MONTH DAY	YEAR	2b. HOUR
	OR PRINT)	Wesley	Allan	COF	FMAN	February			9:15
3 SEX Ma	le	4 RACE	ite	5 DATE C	il 24,1975	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
Ha	ethplace (state or for buntry)	Md. U.		MARRIE		BALTIMORE CITY O Washing to	_	FDEATH	M
На	ry or fown of DEA agerstown	Was	hington Cou	inty H	or other institution	12a USUAL OCCUPATION OF THE NORTH OF WORK FOR MOST O		12b KIND C INDUSTRY	PF BUSINESS O
13n ST	L RESIDENCE (IF NURSITATE	Washingt	on Hagersto	E ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 10 Snyde	r Ave.		
14 FAT	Gregory	Lynn	Cofina	ın	Bonny	ME Sue		Strö	ther
No.	(AS DECEASED EVER ES, NO OR UNKNOWN)	IN U.S. ARMED FORC {IF YES, GIVE WAR OR DATE		JRITY NO.	Mr. Gregory	L. Coffman,	10 Sr	yder	
	3439 Conditions, if ony,	DUE TO Which	Anoxia O, OR AS A CONSEQUE Seizure	ENCE OF					MATE INTERVAL ONSET AND DEATH
	3439	which dedicte g the lost	O, OR AS A CONSEQUE O, OR AS A CONSEQUE O, OR AS A CONSEQUE O, CRESS A CONSEQUE O, CETEBRE	ENCE OF ENCE OF al Pa	order	iinal disease or coni	DITION GIVEN	APPROX. BETWEEN hou	MATE INTERVAL DISSELAND DEATH LTS
	3 43 9 Conditions, if ony, gove rise to imm couse 101, stating underlying couse	which nediote g the lost that CONDITION	O, OR AS A CONSEQUE O, OR AS A CONSEQUE O, OR AS A CONSEQUE O, CRESS A CONSEQUE O, CETEBRE	ENCE OF DIS	order alsy NOT RELATED TO THE TERM	INAL DISEASE OR CONI 200 AUTOPSY? YES N	DITION GIVEN	APPROXIBETWEEN: hou	MATE INTERVAL DISSELAND DEATH LYS
CERTIFICATION	3 43 9 Conditions, if ony, gove rise to imm couse 101, stotum underlying couse	Which nediote 9 the lost OUE TO STREET TO STRE	O, OR AS A CONSEQUE CO, OR AS A CONSEQUE Cerebra	ENCE OF DIS	order alsy NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, V IN CERTIFY IN YES (APPROXI- BETWEEN HOU IN PART 1() VERE FINDING CAUSES	MATE INTERVAL ONSEL AND DEATH LYS
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Boonsboro, Md. 21713

BY REGISTRAR 256, REGISTRAR'S SIGNATURE

250. DATE REC'D.

DHMH - 16 50M 1/76 (VR A 15 (4)) John H. Bast, Jr.

BP.

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		eno		y E. Coldman,	
Howard M. moke, M. D. Sho Moranara va., Tagaratowa, Ma. 21					

FOR - STATE

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

REGISTRAR

UNDRAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

CERTIFICATE OF DEATH

REG NO

YEAR

IF UNDER 1 YEAR

INDUSTRY

Home

Mann

COUNTY

JRAR 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

2b. HOUR

HOUR5

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

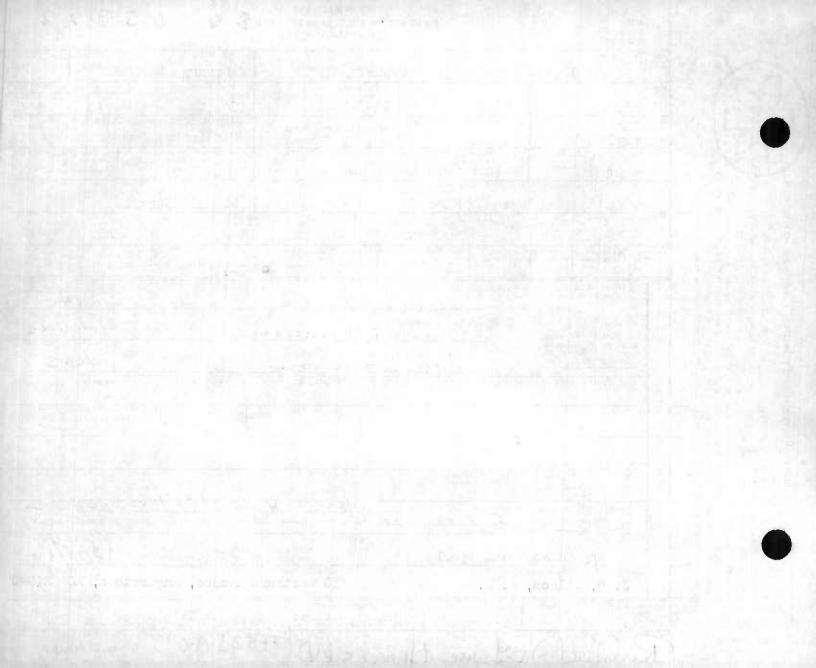
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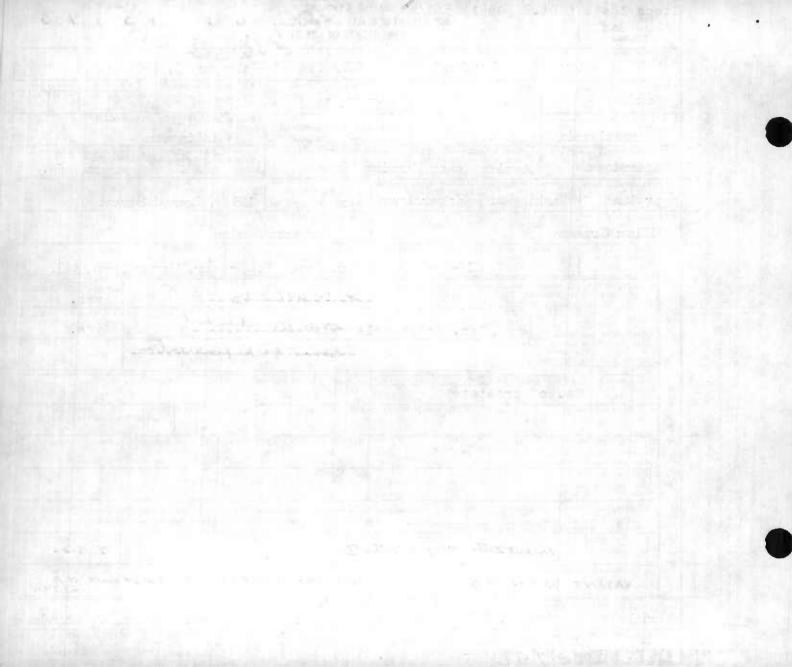
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tems 18a&b & Pt.2 G541 3/3/80 STATE OF MARYLAND

415 E. Wilson Blvd., Hagerstown, Md. 21740

(VRA 15, 4) 1/79

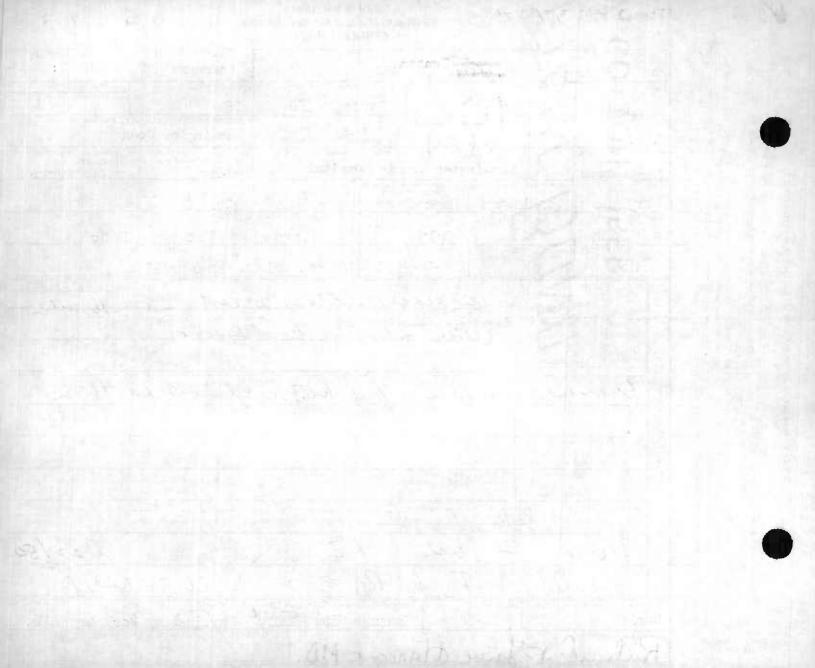


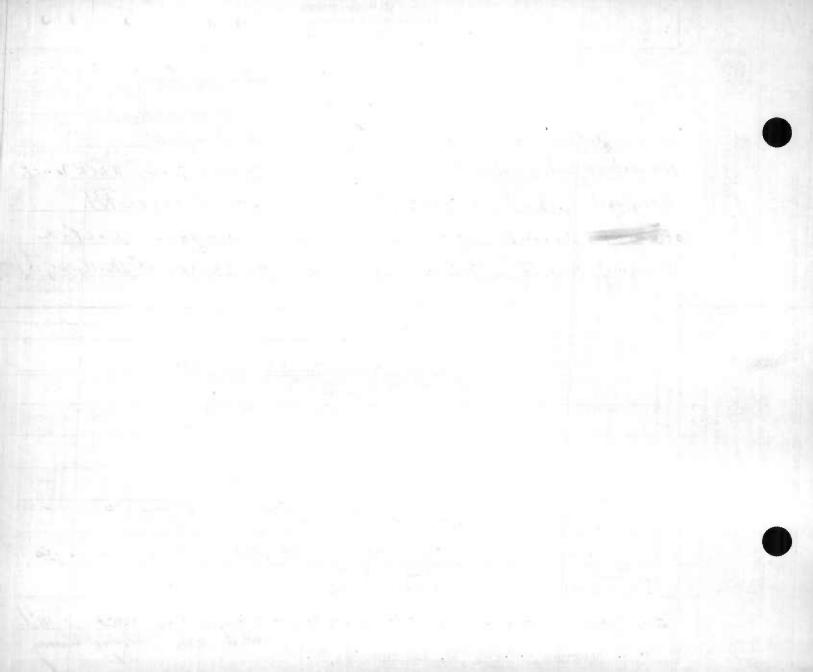
		REGISTRAR				CERTIF	ICATE OF DEATH	REG. I	NO.		
-	1. DE	CEASED NAME OR PRINT!	FIRST		MIDDLE		NST COM	20 DATE OF DEATH	MONTH D	DAY YEAR	2b. HO
4)	3 SE		arie		pigler		RIST	February		1980	IF LINDS
ΥŊ		Female		4 RACE Whi	te	5 DATE O	h 31.1905	6 AGE (IN YEARS LAST BI	~	FUNDER I YEAR	HOURS
	7a 8	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	2 8		74 BALTIMORE CITY	OR COUNTY	OF DEATH	
赵		Maryland		τ	J.S.A.	WIDOWE	DI DIVORCED	Washing	gton C	ounty	,
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ESF	M	AL RESIDENCE (IF NUI STATE Eryland	136 COUN	AIA	GIVE RESIDENCE BEFOR	VN I	134 INSIDE CITY LIMITS? YES A NO	13. STREET ADDRESS 2223 Je1	ferso	n Blv	d.
ocal exa	14 F/	THER'S NAME FIRST	•	MIDDLE	Vinpigle	er	IS MOTHER'S MAIDEN NA	WE		Speal	k
t, the ma		VAS DECEASED EVER res, no or unknown;		MED FORCES? WAR OR DATES!	219-12		My or Willia son Blvd.,	m Earl Ch Hagersto	Mist, own, M	id. 21'	740
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mati		4,110	IMMEDIAT	E CAUSE (o)	CHAUNI	7	12000				
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and and	ğ	19a DATE OF OPERA	71001	Time courts	VIOLI COD LAULE			Tan Augustus	Tank to VEC	MESS SINIS	100.11
Shows	CERTIFICATION	190 DATE OF OPERA	MON	196 COND	II ION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DE
200	E	21a. ACCIDENT WAS UN	DERLYING	7 216. TIME O	F INJURY		21c HOW INJURY OCCUR	YES NO.		ART 1 OR PART 21	NO
or Item		OR CONTRIBUTING		HOUR A.	M. MONTH D	AY YEAR					
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marked	2	AT WORK AT W	ORK	(AT HOME, STE	REET, FACTORY, OFFICE,	FARM, ETC.	PIMEEL	CITY OR TO	JWN	COUNTY	
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=		22b. SIGNATO		1//		7/	DEGREE	MEDICAL ST.	AFF	22c. DATE	SIGNE
<u> </u>		10	Te	(11)	man	-11		DIRECTOR PHYS	ICIAN []		
MPORTANT:		Dr. Ge		/	vman, M.	.D.	1825 Howel	1 Road, 1	Hagers	town,	Me
- N	23a	BURIAL, CREMATION	REMOVA	23b. DATE	23c	NAME OF CI	EMETERY OR CREMATORY	236 LOCATION		COUNTRY	
	1	Burial	(3)	Feb. 20			ivet Cemete	rv Freder	rick E	lneden	101
5M	24 F	SELL CHECTE	deis	Keen	ey Berf	ord	meral Hor	EREC'D. BY REGISTRA	R 256. REGISTS	AR'S SIGNAT	Uf
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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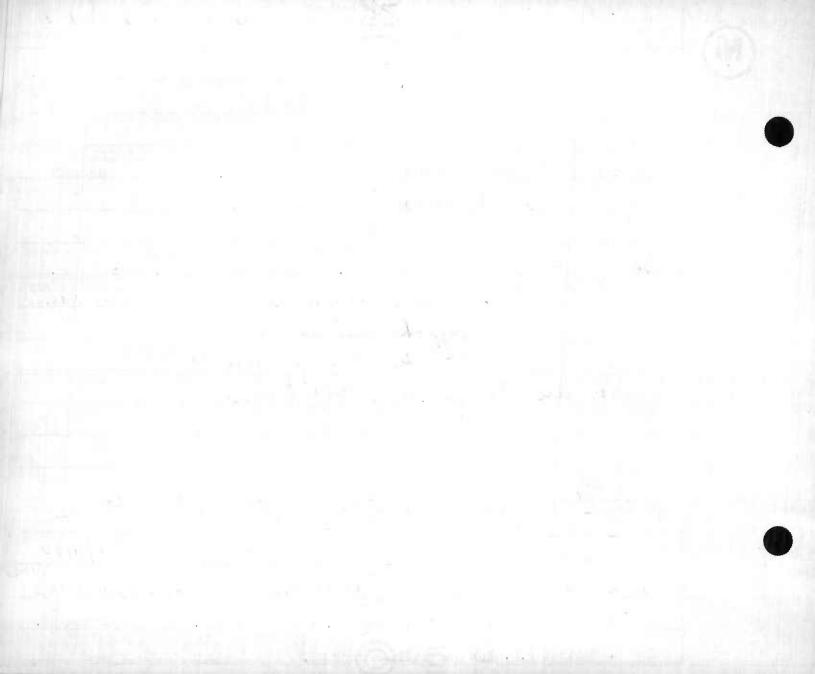
Narie Fingisler CHIST & Feement 17, 1900 11 to 12,1905 74 O.Lamai washington-County, J. S. A. bas Iverell Hagerstown 2223 Jefferson Blvd. Homemaker Maryland Washington Hagarstown x 2223 Jefferson Blvd. nroll galaignill. 20200 Mr. William Dark Crist, 2223 Jorfor----- 219-12-0192 son Bivd., Hokerstown, Md. 21740 X - Karamanan and Anna and Ann In. George C. Mewman, M.D. 1825 Howell Hose, Dagerstoin, M. Burisl Web. 20, 1980 Mt. Clivet Cometery Frederick Proderick Md. Saith Pacela, Keeney Preford Funeral Home 106 . Church St., Frederick, Md. 21761



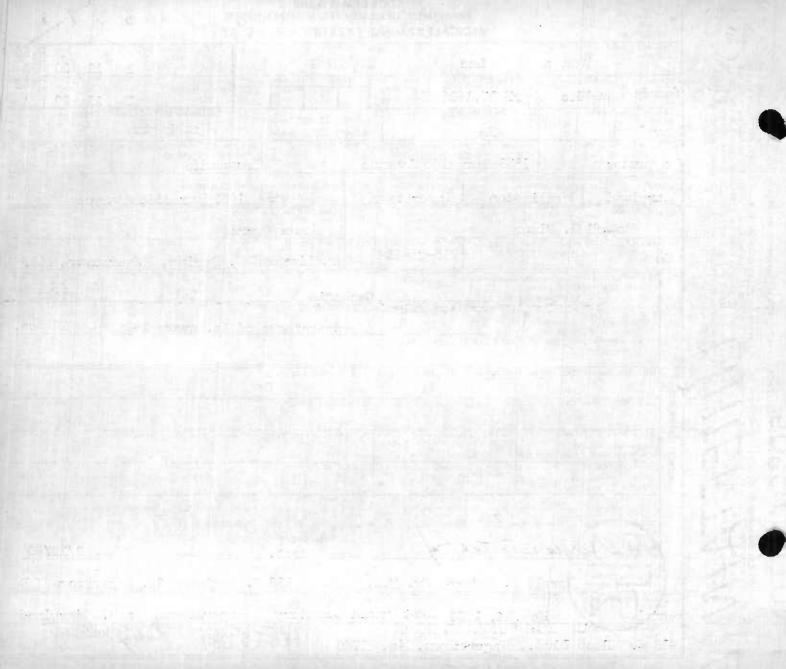


STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE



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151	- ST RE	GISTRAR			DICAL EXAMI			,		REG. NO.			
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210	No. WA	S DECEASED	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	215-26-8		Mr. Li		C. Dusin	address ng, Hag			
IENE, DIVISION	10	PART I DE	ATH WAS CAUSED	re CAUSE (a)			hexia		26	1	AP BETW	PROXIMATE PEEN ONSET WEEK	AND DEATH
IURIAL-TRANSIT PI ND MENTAL HYG N, OR REMOVAL.		gave ris	is, it any, which e to immediate stating the under- se last.	(b)	AS A CONSEQUENC	Ade	nocarci	înoma o	f Rt. oy	ary 183	3	18	mos.
ATIO		ART 2 DTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE T	RMINAL DISEAS	E DR CONDITION (GIVEN IN PART 1 (a)					
BURIAL, CREM	CERTIFICATION	9a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OP	ERATION W	/AS PERFORM	ED?			213	UTOPSY?	NO 🗆
25		NDERLYING	OR CAUSE OF D		MONTH DAY YE	AR 21c. H	OW INJURY C	OCCURRED (EN	TER NATURE OE INJURY	IN ITEM 18 PART 1			
	W	VHILE	NOT WHILE C	STREET FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION STREET		CITY OR TOWN		COUNTY	9	STATE
AND, 21		22a. I certif death resulte		e of the remains described all causes	Accident Accident	Autap Suicide], Hamicid		, Inquiry C		ny apinian		
EATH, WIT		CTUAL IGNATURE _	Horoca	RINTE	K 8/	N	TITLE (SPE		AEDICAL EXAMIN	ER S	ATE IGNED	2/12/	/80
TO FUNERAL DATER DEATH, BALTIMORE, MA	(T	XAMINER'S I	Haro Haro		tch, Jr.,					m St. H	lagers	town,	MD
	buri	al	TION, REMOVAL ?	Seb.14, 19			Cemet		LOCATION CITY OR TOWN Hagersto	wn, Wa	sh., N	Mary!	land
)	24 FUN 415	E. Wi	lson Blv	CH FUNER	AL HOME stown, Mo	1. 217	40	FEB 1	BY REGISTRAR 1980	first.	y HOLD	nedy .	



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completely filled in by the funeral and 2 should be filed within 72

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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REGISTRAR				CERTIF	FICATE OF DEATH	REG. NO).		
I. DECEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
[TITE CHERRINI]	Marg	aret :	Teresia	E	CLLIOTT	February	24,	1980	7:30A
3. SEX		4 RACE		5. DATE		6. AGE IN YEARS LAST BIRT		IF UNDER 1 YEA	
Female		White		June	24, 1894	85	YRS	MONTHS DAY	S HOURS MIN
Maryland		U.S.	WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	BALTIMORE CITY O Washir			
10 CITY OR TOWN Hagerst			HOSPITAL, NURSING HOME OR OTHER INSTITUTION ICH FACILITY GIVE STREET ADDRESS) OCK NURSING HOME 128. KIND OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TRAILED TRAIL				(TYPE OF WORK FOR MOST OF WORKING LIFE)		
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160 WAS DECEASE		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
no	(# 123, 310	E WAR ON DATES!	705-14-0	326	Mrs. Margare	t Beaulieu,	Lill	ian, Al	Labama
III CAUSE OF	DEATH (Enter or	nly one cause per	line for (a), (b), one	d (c)				APPRO	OXIMATE INTERVAL IN ONSET AND DEATH
PART I. DE	ATH WAS CAUSE		yocardi		nfarction				lden
gove rise	if any, which to immediate stating the cause last	DUE TO, O	R AS A CONSEQUE TTERIOS R AS A CONSEQUE	cler	otic heart	disease		Ind	lefinit
PART 2 OTHIN PULMO 19a DATE OF	nary of	conditions <u>co</u>	ive dis	ease	NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITIÓN GI	VEN IN PART	1(01
5 190 DATE OF	OPERATION	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINE	DINGS USED
						YES NO NO		ES 🗆	но 🗆
0.0.00	WAS UNDERLYING ENDERLYING CAUSE OF DE FY MEDICAL EXAMINER	ATH HOUR A.	FINJURY M. MONTH DA M.	YEAR	21c HOW INJURY OCCUR	RED JENTER NATURE OF INJUR	Y IN ITEM 18,	PART I OR PART 2)
WHILE AT WORK	AT WORK AT WORK		REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
220 I certify sow the obove, (I	that (I) (XXXX) deceased alive or (we XXX (did no	Feb.	20 198	0	nd that in (my) (607) opinion	, toFebru death accurred on the do		ur and from the	he couses stated

224 PHYSICIAN'S NAME (TYPE ORPRINT)
B. B. Kneisley,

Hagerstown, Md. 23c NAME OF CEMETERY OR CREMATORY

M.D.

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN 2/25/80 West Washington Street

23a BURIAL, CREMATION, REMOVAL (SPECIFY) 236. DATE Burial Feb. 28,1980 Rose Hill Cemetery

23d. LOCATION CITY OR TOWN

22e ADDRESS

THE FUNERAL DIRECTOR MINNICH FUNERAL HOMEONESS 415 E.Wilson Blvd., Hagerstown, Maryland 21740

Hagerstown, Wash., Maryland 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

BP

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: Atter uns cerumoscomm. Then should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to with the State Dept. of Health and Mental Hygiene prior to IMPORTANT: If Item 21 is marked or Item 18 shows

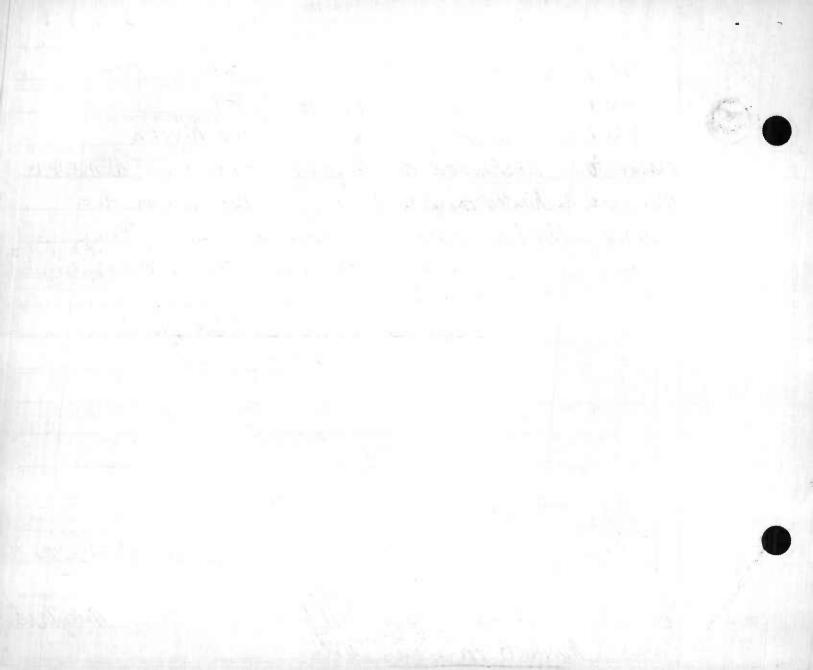
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STATE OF MARYLAND

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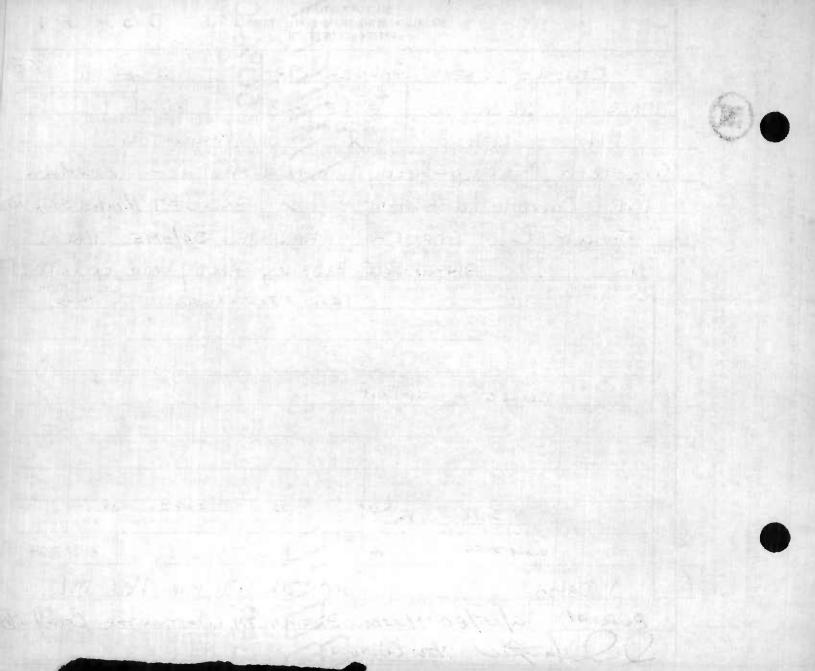


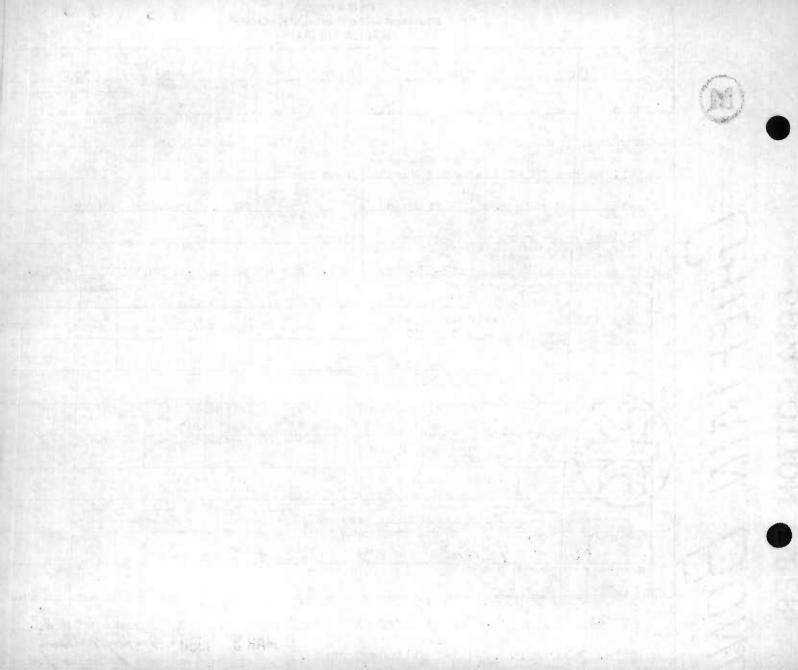
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1-	STATE REGISTRAR				ME	EDICAL	EXAMIN				F DEA	TH	REG	. NO.	,		6	
	CEASED NAM PE OR PRINT)	ΙE	Scot	t	A	lan		FRUS	SHOUR			26. DATE OF DEATH	KNOWN ESTI- MATED	-	eb .	DAY 2 19	YEAR SO	26. HO
3. SE	x ale	4. RAC			7.17,		6. AGE (IN YEA	MONTH	DER 1 YR.	IF UNDER	MIN	2c. DATE PRONOUI DE AL	NCED	Feb	ez.	7 19	FO SO	2d. HO
Ha	RTHPLACE (Spreign country)	wn,			S. A	VHAT COUN	VTRY?	8 MARRI WIDOW	ED NEV	VER MARRI	ED M	9. BALTIA Wa	ore cit			Y OF DEA	тн	
На	ity or town	wn		Was	ot in such F	ton C	RSING HOME street address) ounty	lospi		TION		ACST OF WO		(TYPE OF W	ORK 1	2b. KIND OR IN Educ	OF BUS DUSTRY atio	INESS
30 3	AL RESIDENCE STATE Aryland			or other in			DEFORE ADMISSION OF TOWN	ON)	13d. INSIDE CI	TY LIMITY NO 1	130 SIR	T. ADDR	Box	567				
4 F	ATHER'S NAM PRIST Dale	E	E	MIDDLE	e	Fr	ushour		15. MOTHE	R'S MAIDE Bonn		٨	Mae			Hen	son	
160.	WAS DECEASE res. NO, OR UNKNO	D EVER	IN U.S. AR	RMED FOR E WAR OR DA	(CES?		-66-195		Mr.	D. E.	Fru	shour		fd.	-	Sox 5		2171
	PARTID	EATH W	AS CAUSE	ED BY.	E	FCD:		oh .	nf (7-75t	Tie	COL	iten	11		BETWEEN	ONSET	AND DEA
7	gave r cause (a lying ca	ise ta) stating use last.	any, which immediate the under	e D	(b) OUE TO, OI	R AS A COM	NSEQUENCE C	OF OF				(N-	- 93	3)		75		in
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	gave r cause (a lying co PART 2 OTHER 5 19a. DATE OI 21a EXTERN. UNDERLYING CONTRIBUT 21d. INJURY (1)	ise ta) stating use last. IGNIFICAN AL CAU ING OCCUR	T CONDITIONS TO CONDITIONS ATION SE WAS OR CAUSE OF RED	DEATH	(b)	R AS A COM	NSEQUENCE CONSEQUENCE CONSEQUE	DF DF ATION W. 21c. HC 21c. HC	AS PERFORM	MED?	RT 1 (a). D (ENTER N 25 + 2-	ATURE OF IN	- 93	*3)		YES	OPSY?	NO [
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STATE OF MARYLAND





Rest Haven Funeral Chapel, Inc., Hag.,

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76

(VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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Boonsboro, Md. 21713

John H. Bast, Jr.

(VR A 15 (4))

STATE OF MARYLAND

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John H. Bost, Jr. Boonsboro, M. 21713

S. L. L.

	FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENES O O	5 4 0 8
17/	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	
ME ITYP	E OR PRINT) WILLIA		GRABER	2e DATE OF DEATH MONTH	14 STO 2 OSP
oc, page	Mule	1 RACE White	5. DATE OF BIRTH MONTH DAY YEAR 10 - 1892	6. AGE (IN YEARS LAST BIRTHDAY) 87 YRS	MONTHS DAYS HOURS MIN
	INTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	* BALTIMORE CITY OR COUNT	TY OF DEATH
179 +	tageicstown	Washing ton	ADDRESS) HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12h, KIND OF BUSINESS C
and be miled in 130 130 130 130 130 130 130 130 130 130	exva. Allec		YES NO D	13. STREET ADDRESS . 212 Beisn	er Ave
10 mg/4	ATHER'S NAME PREDERICK	- GRabe	15. MOTHER'S MAIDEN NA FIRST	UNKNOWN)	LAST
- E 16a. \	WAS DECEASED EVER IN U.S. ARAYES, NO OR UNKNOWN) (IF YES, GIVE	wed forces? 166 SOCIAL SECU WAR OR DATES) 7/5 /8	1457 Kerneth W	1 / /	600 BENNIE 1
arbon papers.	PART I. DEATH WAS CAUSE!	y ane cause per line far (a), (b), an O BY E CAUSE (a)	Concertin H	eart Failun	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
al, cremation y, ar ather tr	Canditians, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	Bevo	relevois	My My
ple burn njur		ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
Hygiene prior to 18 shows any in 18 shows any in CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\bigcap \)
0 - 0	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	B, PART I OR PART 2)
marked or Ite	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	PARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Healt	22a 1 certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did not	ol) attended the deceased fram	., and that in (my) (aur) apinian		, 19 800, that (I) (we) la
State Dept.	22b. SIGNATURE	Vocator	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	2,13.80
should be detae with the State IMPDRTANT:	224 PHYSICIAN'S NAME ITYPE OF	POT	220 ADDRESS	ILLAVE, HAKER	15 TONN, MO 21
73a.	BURIAL, CREMATION, REMOVAL	236. DATE 2-/5-80 3	NAME OF CEMETERY OF CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
1H-16 25M 15, 4) 1/79	UNERAL DIRECTOR NAME PORT OF THE PROPERTY OF	ett Homeston	0/07/100 01/11/11	EB1 9 1980	STRAR'S SIGNATURE

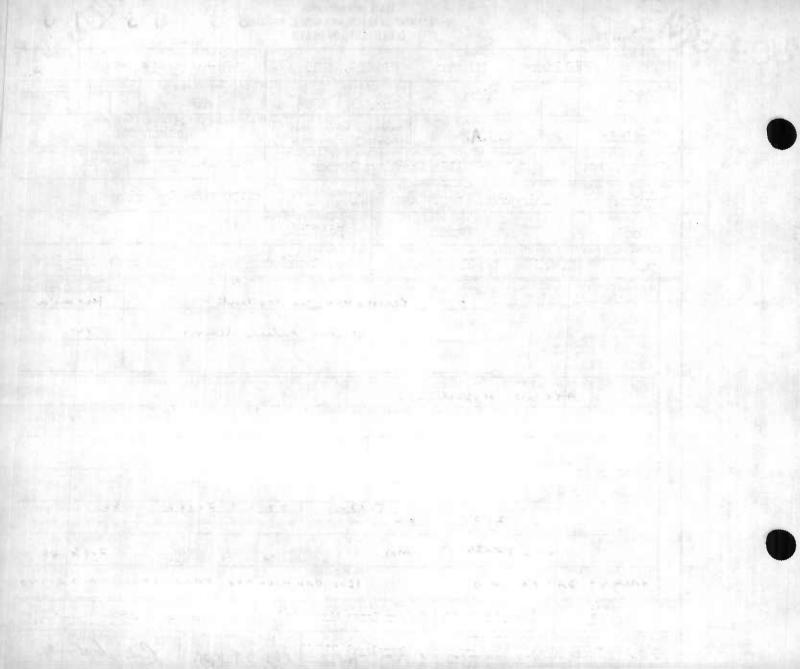
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	1.	FOR STATE REGISTRAR	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HYG IFICATE OF DEATH	GIERO O REG. NO.	5 4 0 9
)	1 DE (TYPE	CEASED NAME REVA	4 RACE 5. DAT	E OF BIRTH OAY YEAR	20. DATE OF DEATH MON FE KIMBUY 6. AGE IN YEARS LAST BY THOM 6.5	9, 1980 11 3°as
ed of once.	C	RTHPLACE ISTATE OR FOREIGN OUNTRY OHIO	U, S, wido	RIED NEVER MARRIED WED DIVORCED DE OR OTHER INSTITUTION	9 BALTIMORE CITY OR C WASHIA 120 USUAL OCCUPATION	OUNTY OF DEATH 1/6 TON MI 126. KIND OF BUSINESS OF
Just be notified	USU 130	AGERSTORMS AL RESIDENCE (IF NURSING HOME OR VAJE NIO	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSK	13d INSIDE CITY LIMITS?	TYPE OF WORK FOR MOST OF WO	1/1
JAC Jack	14. F/	ORLIES VAS DECEASED EVER IN U.S. ARI	H. DAVIS	15 MOTHER'S MAIDEN NA LESTIC	ME	CAMPOLLIE
S medica	(100)		298-38-0044		n Blachek, Smi	ithsburg, Md.
injury, or other troumotic	NO	Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C.	DUE TO, ORAS A CONSEQUENCE OF DUE TO, ORAS A CONSEQUENCE OF THE PROPERTY ON DITTIONS CONTRIBUTING TO DEATH BUT THE	TI'VE HEAR	T FAILURE OSCLEROTIC MINAL DISEASE OR CONDITI	HEART DISERSE
huo smou	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT		YES NO NO	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
rked or Item 18 st	MEDICAL CER	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 218. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		9 211 LOCATION	RED (ENTER NATURE OF INJURY IN	COUNTY STATE
T. If Item 21 is mo	* 0000	226.1 certify that (1) (this hospit saw the deceased alive on above (1) we) (did) (did not 226. SIGNATURE	(a) attended the deceased from 1980	ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIAN	ond hour and from the couses stated 22c. DATE SIGNED 2/9/86
MPORTAN		TE U. PORC	PIUNCULA	1500 PENN	ra Que, HAG	Elgrown 740
5		BURIAL, CREMATION, REMOVAL SPECIFY Burial	Feb. 13,1980 Port	F CEMETERY OR CREMATORY Jefferson Cemet	tery Port Jef:	ferson, Shelby, Ohio
/77	24 F	UNERAL DIRECTORICH EL	NERAL HOME	yland 21740 F	TE REC'D, BY REGISTRAR 256	REGISTRAR'S SIGNATURE

Wildlight the SOLIS IN LINES THE Reply Colored Grand BAS WELLEY HELL TO MAKE WE SEE

4	1.	FOR STATE REGISTRAR			DEPARTN	LENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N		4	0
See 3		CEASED NAME ORPRINT) W	illia		Elmer	HAD	EN, SR.	7. DATE OF DEATH Februar			A.M
s after pa	3 SE	[×] Male	1	RACE Whi	.te	S DATE C	DAY YEAR	& AGE (IN YEARS LAST BAT 85		IF UNDER 24 HRS HOURS MIN	
72 hours	2	RTHPLACE (STATE OR FO	DREIGN 7	U.S.	MHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY C	shingt		MC
ed within	I	TY OR TOWN OF DEA Hagerstown		Coltor	"Villa"Mo	irsin	g Center	IZE USUAL OCCUPAT ITYPE OF WORK FOR MOST C repair I	Nan De morking life NON	12h KIND OF INDUSTRY Shoe	BUSINESSOR
uld be fill	130 3	AL RESIDENCE (# NURS STATE Aryland	NG HOME OR O 13L COUNT Wash	ington	GIVE RESIDENCE BEFORE 13 CITY OR TOWN Hagersto	ADMISSION)	131. INSIDE CITY LIMITS?	132236 BEVE	rly Dri	ive	
nd 2 sho	14. FA	Joel	MI	DOLE	Haden		IS. MOTHER'S MAIDEN NAM	WIDDIE		LAST	
Pages 1 a		VAS DECEASED EVER (ES, NO OR UNKNOWN) YES	W.W.T	ED FORCES? (AR OR DATES)	214-09-0		Mrs. Charlot	te Ruck, H		own, Mai	ryland
papers. removal.		PART I DEATH W		8Y.	line for (a), (b), and		to varque Ac	willent			ATE INTERVAL ISET AND DEATH
ation, or ler trauma		Conditions, if ony,	which		R AS A CONSEQUE	NCE OF	Central Atte	nierdensies		70	2
ase remo		gave rise to immoduse (0), statin underlying cause	g the	DUE TO, O	R AS A CONSEQUE	NCE OF					
Then ple or to bur any injur	N Q	PART 2 OTHER SIGN			Spection		NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVE	N IN PART 1(a)	
iene prid	CERTIFICATION	198 DATE OF OPERA	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	70a AUTOPSY?		WERE FINDING	
ntal Hyg		218 ACCIDENT WAS UNE OR CONTRIBUTING (1) (1) (1) (1) (1) (1)	AUSE OF DEATH	216. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT I OR PART 2)	
the but Me hand Me narked o	MEDICAL	21d. INJURY OCCUR	RED	210 PLACE			211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
of Healt		22a.1 certify that (1) sow the decease above, (1) (we) (c	ed alive on _	2.	7 19 2		nd that in (my) (our) opinion o			ond from the co	at (I) (we) last buses stated
etached f ate Dept. IT: If Ite		226. SIGNATURE		SELT TO		MO	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	27. DATES	
should be de with the Sta		VASA NT			ð		120 ADDRESS			WN, MO	21740
- A W W	23a 1	BURIAL, CREMATION, SPECHY) Burial	REMOVAL	Feb. 19	,1980 Ce	dar I	emetery or crematory awn Memorial Pari	k Hagersto	wn, Wa	sh., Ma	ryľand
H-16 25M 15, 4) 1/79	24 F	DIERAL DIREMPNING SE. Wilso	ICH Fon Blvc	NERAL 1., Hag	HOME OURESS erstown,	Mary1	and 21740 250. DATE	REC'D. BY REGISTRAR	25h, REGISTR	tray mal	RF
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STATE OF MARYLAND

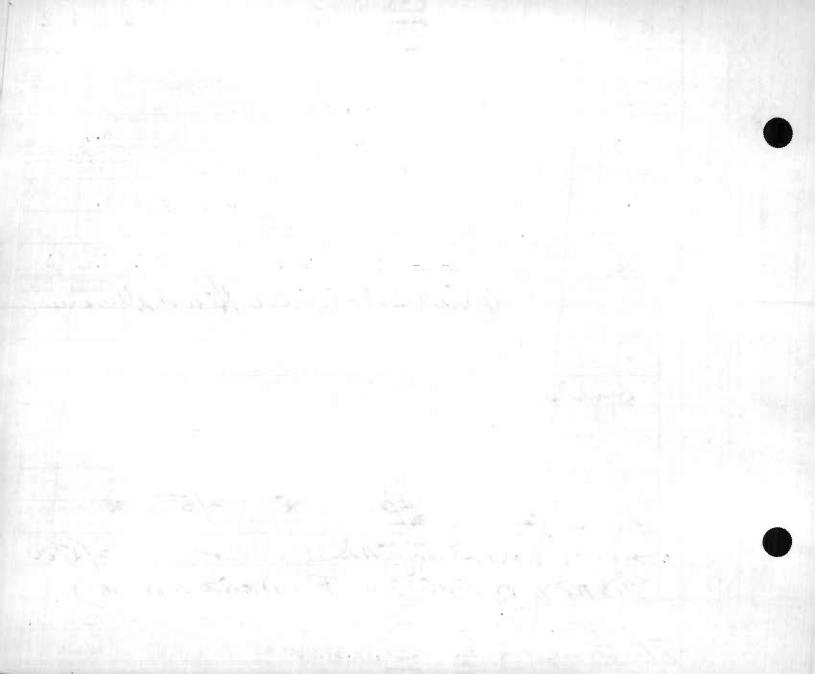


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		STATE REGISTRAR		MED		XAMIN			CATE	OF DEA		REG. NO.	•		
* 5 S F.		EASED NAMI	Helen		MIDDLE Ida			afer			20. DATE KI OF DEATH A		Feb.	5, ₁₉ 80	26. HOUR 5:43PM
FOR YOUR FILES. WITHIN 72 HOURS V. PRESTON STREET.	3. SEX	F	4. RACE White	April 5,	1915	6. AGE (IN YEA LAST BIRTHDA	Y) MONTH	DER 1 YR.	IF UNDER		2c. DATE PRONOUNC DEAD	ED Feb	MONTH	DAY YEAR	24. HOUR 15:43 M
Presto Vithin V	7a BI	RTHPLACE (S		76 CITIZEN OF WHA			8 MARRIE	ED X NE		RIED L	9. BALTIMO	RE CITY OF	COUNT	TY OF DEATH	4 · 10 m
THE SOLVE	10.0	Mary I	OF DEATH	11. NAME OF HOSP (IF NOT IN SUCH FACE)	ITAL, NUR	REET ADDRESS)	OR OTHE	ER INSTITU		12a. USU	Washin AL OCCUPA AOST OF WORKIN EMBLY	TION ITYPE	OF WORK	125 KIND OF BI OR INDUST Cornon	TRY
F ANY DE AND 3 PETAIN HOULD B	USU A	L RESIDENCE	(IF IN NURSING HOME O	ROTHER INSTITUTION, GIVE TY Klin	13c. CITY (SEFORE ADMISSION OR TOWN		13d INSIDE C	NO 🔀	13e. STRI	x 87			3	
DEATH AND SEST,	16a. V	THER'S NAME FIRST J /AS DECEASE!	Oscar DEVER IN U.S. ARA	MIDDLE AED FORCES? WAR OR DATES)	tat	AL SECURITY		I INFOR	OUCE MANT		MIDI	ADDRESS	Sey:		Pa.
BALTI JRS AF WITH PAGE		no	F DEATH (Enter onl	y ane couse per line f		-03-2	538	Fran	k B.	Haf	er,R.	.D.#	3 G1	reenca APPROXIMAT BETWEEN ONSI	TE INTERVAL
DIVISION OF VITAL RECORDS, 301 W. PRESTON 57., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURING THE WORD "PENDING" IN PENCIL IN ITEM 18 RDED TO THE CHIEF MEDICAL EXAMINER ALONG" F. 3 SHOULD BE USED AS A BURIALTENSIT PERMIT E. DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I F PRIOR TO BURIAL, CREMATION, OR REMOVAL.		4/C Canditian gave ris	ns, if any, which te to immediate stating the <u>under</u> -	DUE TO, OR A	LE PL	200		on (4:	10)					minut	
ULD BE EXECUTEDS, 3COULD BE EXECUTED FOR THE PROPERTY IN THE PROPERTY AND CREMATION, C	NOI			ONTRIBUTING TO DEATH BU		Supplied to				ART 1 (a).					
VITAL REGENTE SHOULD WORD "PEF A CHIEF A SHOULD WIT OF HEX RIAL, CREATE A SHOULD WIT OF HEX CREATE A SHOULD WITH A A SHOULD	CERTIFICATION	19a. DATE OF		19b. CONDITI		VHICH OPERA			731					20. AUTOPSY	NO X
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WI W	MED	214 INJURY C	NOT WHILE C	21e PLACE OF		(AT HOME,		CATION IREET			CITY OR TOWN	N	COL	UNTY	STATE
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORT TO EUNERAL DIRECTOR. PAFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 21		22a. I certii death resulta ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRII	ed from: Natur	e of the remains described to the remains desc	Accident	de	Autaps	Hami	PECIFY)	Undet	Inquiry hermined mon	ner .	DATE SIGNE		5,1980 Md.
EXE EXE PAG TO PAFI BAL	23a.Bl	PECIFY)	TION, REMOVAL 2	3b. DATE	23c. N	AME OF CEM			ORY	23d. LC	CATION OR TOWN		COUN	NTY S	STATE
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

FOR STATE



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6.4	/	3. SE	х	4 RACE			OF BIRTH	& AGE IN YEARS LAST BIR			IF UNDER 24 HRS
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completely fill	A VEXA	14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		1451	
mple nd 2	180		Perry		Hoffman		Ada		Ba	ker	
			VAS DECEASED EVER IN L	J.S. ARMED FOR	CES? 166 SOCIAL SECU	RITYNO	17 INFORMANT	ADDR	ESS	Avenue	
in and Pages	£		No			1183	Dorothy E. H	Hoffman Br	unswic		
sicia ers.	oval.		11 CAUSE OF DEATH (E	nter anly ane cau	ise per line far (a), (b), and	d (ch)					NATE INTERVAL
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ng ph this urial	Men	MEDICAL	(IF EITHER, NOTIFY MEDICALEX 214. INJURY OCCURRED		P,M, LACE OF INJURY	19	211 LOCATION				
fter he b	arke	AE.	WHILE NOT WHILE	4 . 4	OME, STREET, FACTORY, OFFICE, FA	ARM, ETC	STORET	CITY OR TO	WN.	COUNTY	STATE
A: A	is m		228 certify that (I) (the		lad the deceased from	11	2/ 52) - 7/	(10	80	hat (1) (we) last
al or	21 21		saw the deceased			80 or	nd that in (my) (our) apinion	death occurred on the d	ate and hour a		
Spit REC d fo	Item	Н	obave, (I) (wey) and 1	(did nat) view the	bady after death.		DEGREE			1220 DATES	
L DI	= =	/			(X ATTENDING	MEDICAL STA		2/1	1(0)
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- Z 1 - 75	s =	230.	BURIAL, CREMATION, REA	AOVAL 23b. DA			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	co	UNTY	STATE
BP	_		Buria:	L Feb.	8, 1980 P	ark I	leights Cemet			Maryl	
DHMH-	16 25M	24. F	UNERAL DIRECTOR	100 1	Peterswille	Road	25e. DAT	E REC'D. BY REGISTRAR	256 REGISTRA		
(VRA 15		W	Villiams Fur	neral Ho	ome Brunswi	ck. N	ld. 21716	FEB 1 3 1981	jung	my//	Creody

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DHMH-16 20M (VRA 15, 4) 7/78 FOR STATE REGISTRAR

I. DEC	DE ASED NAME FIRST OR PRINTS	MIDDLE		AST		2R. DATE OF DEATH MOI	NTH DAY	YEAR	2h. HOUR
	Manie	Barber	H	opewell		Feb.8 198	30		
3. SEX		4 RACE	5. DATE C			6. AGE (IN YEARS LAST BIRTHDA		UNDER 1 YEAR	IF UNDER 24 HR
	Female	Black	Juli	y 8° 1	894	85	YRS	NTHS DAYS	HOURS MIN
7a. BII	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY?	D NEVER MAR	20150	9 BALTIMORE CITY OR C		F DEATH	
CC	Virgina	U.S.A.	WIDOWE		RCED	Washingt	ton (County	J ,
	TYOR TOWN OF DEATH Ragerstown	11. NAME OF HOSPITAL, NU	RSING HOME C	R OTHER INSTITU		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Retired	1	125. KIND OI INDUSTRY	F BUSINESS C
13R. S	TATE 136 COU	DR OTHER INSTITUTION, GIVE RESIDENCE BUINTY 13c. CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY		13R STREET ADDRESS 52 W. Bet	thel	St.	
I4 FA	THER'S NAME FIRST UNKNOWN	MIDDLE LAST		IS MOTHER'S M	T	nknown		LAST	ī
	AS DECEASED EVER IN U.S. A	RMED FORCES? 16b SOCIAL S	SECURITY NO	17 INFORMANT		ADDRESS			
	ES, NO OR UNKNOWN) (# YES, GI	212-7	74-2970	Doroth	ny Cu	rlin- 47 W	. Be	thel	St.
	PART I. DEATH WAS CAUS	only one cause per line for (a), 1b SED BY ATE CAUSE (a)		Throm	6030	2	190	BETWEEN C	MATE INTERVAL
	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last	DUE TO, OR AS A CONSI	EQUENCE OF			rlosclerosis		9m	o. Plu
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERM	NAL DISEASE OR CONDIT	ION GIVEN	IN PART 110	1
CERTIFICATION	190 DATE OF OPERATION	C 2 + 2 r 2 ct s	HICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	Oh. IF YES, N N CERTIFYII YES	WERE FINDIN	IGS USED OF DEATH? NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		DAY YEAR	ZIE HOW INJUI	RY OCCURR	ED JENTER NATURE OF INJURY IN	TEM 18, PART	I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
	sow the deceased alive a	nital) attended the deceased from 2 7 not) view the bady after death.	0.00	nd that in (my) (qu	19 <u>79</u>	to 9 - 6		and from the	that (I) (we) lo
	228. SIGNATURE	Man	m	DEGREE ATTI PHY 122R ADDRESS	ENDING ISICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	и 🗆	270. DATE:	
	Lloyd A. H	offman		214 N			orster	vn, M	1
23a B	URIAL, CREMATION, REMOVA	236. DATE	23¢ NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION CITY OR TOWN	CI	OUNTY	STATE
	Burial	Feb.11-80	Rose	Hill Ce		Hagerston	nn Wa	ash	Md.
24 FL	Mennis L.	Chris Lones	Ulus	Spd.	25R. DATE	EB 1 3 1980	REGISTRA	try /	Cready
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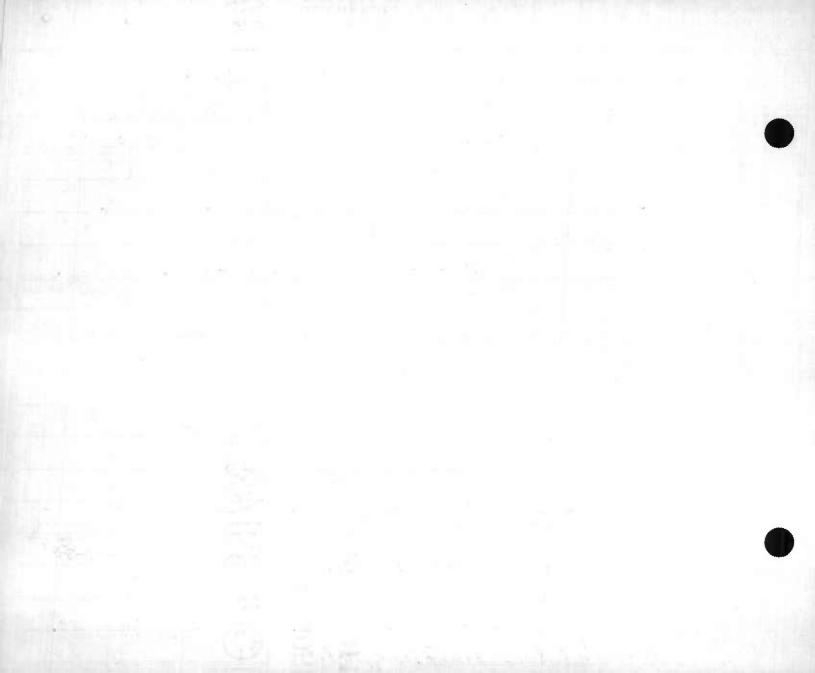
STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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REG. NO.



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EVER IN U.S. AI EVER IN U.S. AI (IF YES, GN DEATH LENter o AITH WAS CAUSI IMMEDIA Tony, which immediate stating the couse lost	III. NAME OF HOS (IF NOT IN SUCH FA Washingt DROTHER INSTITUTION OF INITY MIDDLE THOMAS RMED FORCES? VE WAR OR DATES) DIDLE TO, OR AS (b) DUE TO, OR AS (c)	SPITAL, NURSING ACILITY, GIVE STREET AO LOON COUNT TO COU	WIDOWED GOORESS) SHOME OR OT OORESS) THE SECOND STATE OF THE SECON	DIVORCED THER INSTITUTION I tal INSIDE CITY LIMIT INSIDE CITY LIMIT S No MOTHER'S MAIDER PASS RACRAN RACRAN	Wash 12a USUAL OC (TYPE OF WORK FO Night 13e STREET AD 408 W N NAME Y en Howlett	CUPATION R MOST OF WORKING Clerk DRESS Washin MDDLE Gertrude ADDRESS Route Hagerst	Igton St. A 2 233	reet w ope Bower A
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EVER IN U.S. AI (IF YES, GN DEATH IEnter o ATH WAS CAUSI IMMEDIA f ony, which o immediate stating the couse lost	MIDDLE Thomas RMED FORCES? VE WAR OR DATES) DUE TO, OR AS (b) DUE TO, OR AS (c)	LAST Jackso SOCIAL SECURI LA-09-78] oforlos, ibs, and if CRASE SACONSEQUEN MASSIVE SACONSEQUEN	wn yes on RITY NO. 17 II A Mr NCE OF HYS	NOTHER'S MAIDEN FIRST Dais; INFORMANT S Kathler RACRAN	y 408 W	Washing Machine Machin	2 233	w ope Bower A
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DEATH (Enter of NTH WAS CAUSI) IMMEDIA fony, which immediate stating the couse lost	DUE TO, OR AS	PASSIVE S A CONSEQUEN S A CONSEQUEN	D INT	RACRAN	HAL PRE	Route # Hagerat	APPROX. BETWEEN	
IMMEDIA Tony, which immediate stating the couse lost	only one couse per line (ED BY. ATE CAUSE (o) // DUE TO, OR AS (b) // DUE TO, OR AS	e for (0), (b), ond (CREASE S A CONSEQUEN MASS I VE S A CONSEQUEN	NCE OF HY	RACRAN	HAL PRE	Hagerat	APPROX. BETWEEN	
IMMEDIA Tony, which immediate stating the couse lost	DUE TO, OR AS	S A CONSEQUENT A SSIVE	NCE OF HY	RACRAN	HAL PRE	ESSU RE	BETWEEN	ÖMATE INTERVAL ONSET AND DEATH
PERATION	19b. CONDITIO	ON FOR WHICH O		RELATED TO THE	TERMINAL DISEASE C	20b. IF Y	EIVEN IN PART 10 (ES, WERE FINDI TIFYING CAUSES YES	NGS USED
AS UNDERLYING	21b. TIME OF IN		21c	HOW INJURY OC	CCURRED (ENTER NATUR			
G CAUSE OF DE		MONTH DAY	Y YEAR					
NOT WHILE	21e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FAR		LOCATION	CI	TY OR TOWN	COUNTY	STATE
eceosed olive ai	20 FEB	. 19 8	80 and the	at in (my) (aus) api	inion death accurred c		our and fram the	SIGNED
dwar	A B. 15-	nd M.D.),	PHYSICIA	AN DIRECTOR	PHYSICIAN	21 F	sh, 80
RD B	PRD M.D.			190 MT.	AETNA	RD. HA	GERST	DWN M
	1 23h DATE				Veer LOCATE	NC	COUNTY	STATE
TION, REMOVA					CITY OR TO	JWN		
TION, REMOVA	2-22-80			Cemeterv	CITY OR TO	town Was	hington	Md.
	that (I) (No has deceased olive a deceas	In that (1) (Now haspited) oftended the deceased alive an 20 FEB (web halls) (did not view the body of the last of	NOT WHITE AT WORK I I THE COLOR OF THE BY RD M.D. NOT WHITE A WORK I THE COLOR OF THE BY THE COLOR OF THE BY THE COLOR OF THE BY RD M.D. N'S NAME (TYPE OR PRINT) RD BY RD M.D.	That (I) (this hospital) attended the deceased from 17 FF. deceased alive an 20 FFB, 19 80 and the (web till b) (did not view the body ofter death. DEGINERAL BROWN, N'S NAME (TYPE OR PRINT) RD BYRD M.D.	That (1) (this hospital) attended the deceased from 17 FFB, 19 deceased alive an 20 FFB, 19 80, and that in (my) (and) approximately (did not view the body after death. BETHER BY	TION REMOVAL 1236 DATE That (I) (this hospited) ottended the deceased from 17 FEB. 19 80 to 20 deceased alive an 20 FEB. 19 80 and that in (my) (aux) opinion death accurred a (ma) ratio (did not view the body after death. DEGREE ATTENDING MEDICAL PHYSICIAN DHRECTOR 120 ADDRESS 190 MT. AETN A ATTON REMOVAL 1236 DATE 1236 NAME OF CEMETERY OF CREMATORY 1236 LOCATIO	THON, REMOVAL 23B. DATE That (I) (Nis baspitch) attended the deceosed from 17 FFB, 19 80, to 20 FFB. 19 80 and that in (my) (aux) apinion death accurred on the date and he deceosed a live on 20 FFB. 19 80 and that in (my) (aux) apinion death accurred on the date and he deceosed a live on the date and he deceosed from 17 FFB, 19 80, to 20 FFB. 19 80 and that in (my) (aux) apinion death accurred on the date and he date and	TION REMOVAL 1236 DATE That (I) (this hospited) ottended the deceosed from 17 FEB. 19 80 to 20 FEB. 19 80 deceosed alive on 20 FEB. 19 80 and that in (my) (aux) opinion death accurred on the date and hour and from the (me) ration (did not view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DHRECTOR PHYSICIAN 21 F. 120 ADDRESS 190 MT. AETNA RD. HAGERST

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TER THE STATE OF T 10 at 12 at 14 at 15

(ASA)	1.	FOR STATE REGISTRAR	DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8 0 0 5	4 1 9
FED		CEASED NAME FIRST Norman	Featt		AST ENKINS	February 29, 198	Y YEAR 26 HOUR
ony b	3 SE		14 RACE	IS DATE C		-	FUNDER 1 YEAR # UNDER 24 HRS
ge 4 m	100	ale	white		ch 4, DAY 1909 AR		ONTHS DAYS HOURS MIN
death. Pa	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	TO CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	DI DIVORCED	BALTIMORE CITY <u>OR</u> COUNTY ON Washington	DF DEATH MD.
by the fu		Hagerstown	11. NAME OF HOSPITAL, NURSII LIF NOT INSUCH FACILITY. GIVESTIRE! Washington Cou	NG HOME C	ospital	12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Maintenance man	126 KIND OF BUSINESS OR INDUSTRY
in 24 hou		AL RESIDENCE HE NURSING HOME STATE 136 COU	on other institution, give residence before institution and lace city or town ington Hagerst		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 125 West Side A	venue
mpletely and 2 shou	14. FA	Albert Jenk	MIDDLE LAST		15. MOTHER'S MAIDEN NAME FIRST Emma Ro	AE MIDDLE	LAST
n and con Pages 1 a	16a V	VAS DECEASED EVER IN U.S. A		URITY NO.	Mrs. Hilda	E. Jenkins, Hager	stown, Md.
hat the death certifica the attending physic remove carbon papers cremation, or removal r other traumatic ever		Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE PROPERTY OF THE	JENCE OF	n uch unk	enven type	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
een signed by Then please or to burial, any injury, o	NOIL	PART 2 OTHER SIGNIFICANT	lung cour	~		INAL DISEASE OR CONDITION GIVE	
V: The I	CERTIFICATION	190 DATE OF OPERATION	196 ONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
YSICIA obysician scertific al-transit ental Hy r Item 1		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D IN EITHER, NOTIFY MEDICAL EXAMINE		DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18, PAR	RT I OR PART 2}
DING PH tending I After this the buris h and Mc	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TALCH ATTENC the hospital or at AL DIRECTOR: trached for use as the Dept. of Healt IT: If Item 21 is r		22a I certify that (this has saw the deceased alive a share (1) (we) shid (2) and a share (1) SIGN a LIPE	pital) attended the deceased from	86.	ATTENDING .	death occurred on the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN	9 Q, tha (we) lost and from the couses stated 221. DATE SIGNED
TO HOSPIT retained by TO FUNER should be de with the Sta with the Sta		THE PHYSICIAN'S NAME ITYPE	TUDRON		138 & A	ntietan St	Abgerston
BP		BURIAL, CREMATION, REMOVA DULIAL	Mar. 3,1980 R	Rose Hi	EMETERY OR CREMATORY	Hagerstown, Was	
DHMH-16 25M (VRA 15, 4) 1/79			NICH FÜNERAL HOM vd., Hagerstown,			MAR 4 1980	AREAIGH SHEET LOOK

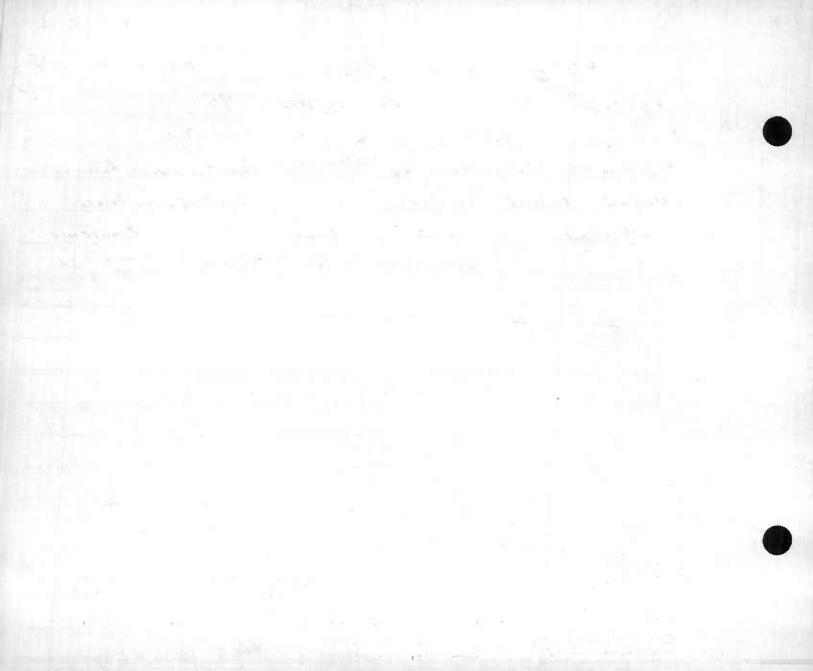
A Throng was a second second to be the second to be the second to the se

1-	STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5 - 2 0
I. D	REGISTRAR CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN OF ESTI-	O. MONTH DAY YEAR 26 H
(TY	PEORPRINT) Axe1	DEATH MATER	0 11 00 3
3. SE		5 DATE OF BIRTH 6. AGE (IN YEARS I IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	2 14 1980 MONTH DAY YEAR 2d H
	M C	11 15 10 69 YRS. DEAD DEAD	2 14 180 3
	RITHPLACE (STATE OR ORFIGN COUNTRY) EW YORK	76 CITIZEN OF WHAT COUNTRY? I MARRIED W NEVER MARRIED 9. BALTIMORE CITY OF MARRIED WILL OF WARRIED WILL OF WA	or county of DEATH
	ITY OR TOWN OF DEATH	U.D.A. WIDOWED DIVORCED WASTITTING USUAL OCCUPATION (TV)	
H	agerstown	Washington County Hospital Welder	OR INDUSTRY
USU 130	AL RESIDENCE (IF IN NURSING HOME O	ington 3 Hagerstown 13d. Inside (ITY LIMITS? 13e. Street address 55	Wayside Ave.
14. F	John	Jensen 15. MOTHER'S MAIDEN NAME MIDDLE	Jënsen
160.	WAS DECEASED EVER IN U.S. ARA		same as 13a-e
	PART I DEATH WAS CAUSED	one cause per line for (a), (b), and (c).) BY: CAUSE (a) CAUSE (a)	APPROXIMATE INTERBETWEEN ONSET AND D
	Canditians, if any, which gave rise to immediate	Oue to, or as a consequence of Acute cardiac rupture	minute
	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF (c) Coronary thrombosis 410	minute
Z	PART 2 OTHER SIGNIFICANT CONDITIONS O	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
I E			YES X NO
CALCE	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR EATH P.M. 19	PART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY
		af the remains described above, held an Autapsy , Inspection , Inquiry , or all causes , Accident , Suicide , Hamicide , Undetermined manner ,	nd in my apinian
	ACTUAL HOROCA	RThitch Assistant MEDICAL EXAMINER	DATE 2/15/80
4	EXAMINER'S NAME (TYPE OR PRINT) HAROI		Hag., Md.
	Burial, Cremation, REMOVAL 2:	Deb. 18,1980 Cedar Lawn Mem. Park Town Hagers	stown, Wash.
0.1	UNERAL DIRECTOR	ral Chapel Hagangtown MD PERSON BY REGISTRAR 1256. REG	ICTDA BYC CLCA LATTING

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of water in the second of the second of	F .0	111 - 1-120 Xinchoo 201	
	Tresum I		

		FOR STATE REGISTRAR		AENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	05422	
		CEASED NAME FRST OR PRINT) EDITA	MIDDLE G	KELLV	20 DATE OF DEATH M	8. 19 1980 103	
	3. SE	FEMALE	CAUCASIAH	5 DATE OF BIRTH MONTH DAY YEAR FeB. 25, 1894	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 2. MONTHS DAYS HOURS YRS.	
35	- 0	RTHPLACE (STATE OR FOREIGN DUNTRY) MITTSbelg. Md.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	* BALTIMORE CITY OR WASHINGTO		
20		GERSTOWN Md.		GHOME OR OTHER INSTITUTION ADDRESS) 750 Dual Highway Hene Hagestown and	126 USUAL OCCUPATION 170 DO WORK FOR MOST OF WORKING LIFE) 170 DO WORK FOR MOST OF WORKING LIFE) 170 LIFE INDUSTRY 170 LIFE FACTO		
35	13e.	A RESIDENCE (IF NURSING HOMEOR TATE 136 COUN MARYLAND. FROM	OTHER INSTITUTION, GIVE RESIDENCE BIFORE	ADMISSION) N 134. IN SIDE CITY LIMITS? YES NO	13. STREET ADDRESS 203 CREST	view Deive	
exomina ()	14 F/	THER'S NAME FIRST Me Celland	MIDDLE WILLS	IS MOTHER'S MAIDEN NA FIRST EMMA	WIDDLE	ZIMMERMAN	
Z		VAS DECEASED EVER IN U.S. ARI (ES, NO OR UNKNOWN) 1 1 YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 2/8-07-	RITY NO. 17 INFORMANT	ith (Niece) 3		
ury, or other troum	z			MS CV D			
hu kuo smi	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	malignanis, D OPERATION WAS PERFORMED	200 AUTOPSY?	20). IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO	
em 18 sho		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		21c HOW INJURY OCCUR			
rked or n	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.] 21f LOCATION STREET	CITY OR TOWN	N COUNTY STA	
m 21 is mo		270.1 certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did na 27b. SIGNATURE	ral) attended the deceased fram 1. 2 4. 19 5 1) view the bady after death.	DEGREE		te and hour and from the causes sta 22c. DATE SIGNED 2. 20 8	
# #e		and the second second second					
PORTANT: # he		22d PHYSICIAN'S NAME ITYPE OF		120 ADDRESS (600 OAK H)	LL AVE, HI	MERSTOUN M.	
IMPORTANT: # He	23a Bu	22d. PHYSICIAN'S NAME TYPE OF	236. DATE 23c.N	JAME OF CEMETERY OR CREMATORY Lady Mt.Carmel	73d LOCATION CITY OF TOWN Thurmont	COUNTY, Frederick, Md.	



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named sometele	Suring to agreeme	
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Company Comment of the	HA THE TOTAL	

Rest Haven Funeral Chapel, Inc., Hag.,

FOR STATE

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE

1		REGISTRAR		CEKTIF	ICATE OF DEATH	REG. N	0.			
1		EASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR	
1	(TYPE)	Fearol	Geraldine	Kiser		February	28, 1	1980	M	
1	3. SEX		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS	
		Female	White		14-01 YEAR	78	YRS	MONTHS DAYS	HOURS MIN	
4		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH		
þ		Maryland	USA	WIDOWE		☐ Washingt	on .		MD.	
2	10 CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI		ROTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR	
1		Hagerstown	Washingtor	Co. Ho	spital	seamstre		retai	l cloth	
H	USUA 13a S	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDEN	OR TOWN	13d INSIDE CITY LIMITS	? 13e STREET ADDRESS			ing	
2	Ma:	ryland Wasi	ningtorHage		YES X NO		ltime	ore St		
J	14 FA	THER'S NAME	MIDDLE	AST	15 MOTHER'S MAIDEN	NAME		141	ST	
1		Charles F:	rederick	Gelwick	s Net			Smith	<u> </u>	
Ī		AS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCI	AL SECURITY NO.	17 INFORMANT	ADDR				
1	,,,	no	212	24 5903	Harold B	. Kiser se	ee # .	13		
ì		18 CAUSE OF DEATH (Enter or	ly one couse per line for to	, (b), and (c)				APPROX BETWEEN	ONSET AND DEATH	
1		PART I. DEATH WAS CAUSE	D BY TE CAUSE (0) CO	RONAI	24 THRON	130515		540	DDEN	
		411	DUE TO, OR AS A CO	NISEOTHENICE OF			-			
1		Conditions, if ony, which	DUE TO, OR AS A CO	TENIO	SCIENOTI	CHEART	DISEA	154		
1	- 1	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CO							
1		underlying couse lost	DOE TO, OR AS A CO	NSEQUENCE OF						
		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE OR CON	DITION GIV	EN IN PART 1	01	
	NO NO	SENILFTY								
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
71	IF.					YES NO	YE		NO [
5	W.	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18, P	'ART 1 OR PART 2)		
4	¥	OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			4.000		
١	ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE	
1		220 I certify that (I) (this hospi	tol) offended/the deceased	from	ily 19.7	7 10 7 66	79_	198U	that (I) (we) lost	
1		sow the december alive on obove, (1) (w) and (did no	700 21	_19_5UJ.01	nd then in (my) (our) opini	ion death occurred on the d	ote and hou	ir and from the	couses stated	
1		22b. SIGNATUR	New the body offer deof		DEGREE			22c DATE	SIGNED	
	1	(all	run		MA D ATTENDING		FF CIAN []	3/2	1/80	
	()	224 PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS				2/240	
	4	12 AM	171110		127 16111	6 ST HAG	FRS	TOUL	MA	
	23n. B	URIAL CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATOR	RY 23d. LOCATION	2103		/M.D	
	(5	Burial	3-3-80		laven Ceme	CITY OR TOWN	retou	n Maj	STATE	
	_	_ 41 14 4 1	0 0 00	110001	GOOIL CRINE	JOHN HAVE	. 3 000	Hd.	ATGIIO	

DHMH - 16 50M 1/76

BP.

24 FUNERAL DIRECTOR NAME Gerald N. (VR A 15 (4))

TATORY 23d. LOCATION COUNTY

METERY HAGEISTO

25d. DATE REC'D, BY REGISTRAR 25b. REGISTRAR

25d. DATE REC'D. BY REGISTRAR 25b. REGISTRAR Maryl

305 ADNess Potomac St. Hagerstown, Maryland Minnich

198

. F . Schiele . Tr (II) Carried Small State of the Control of the Control

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

5 4 2 7

1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	o.			
	PECEASED NAME	FIRST	MIDDLE	(A51	20. DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR	
		Hilda	М.	Kli	ne	February	6. 1	980	3 P M	
3. S	EX		RACE	S DATE C		6 AGE IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN	
	Female		White	June		69	YRS	MONTHS DAYS	HOURS MIN	
Do.	BIRTHPLACE (STATE		b. CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH		
	Maryla	nd	U.S.A.	WIDOWE		Washingt	on C	ounty,	MD.	
	CITY OR TOWN OF		1. NAME OF HOSPITAL, N			120 USUAL OCCUPATION OF OF WORK FOR MOST O			OF BUSINESS OR	
Ha	agerstow	m	Washington	County	Hospital				er Co.	
13a.	ual residence (if: STATE aryland	136 COUNT	other institution, give residence of the control of	RTOWN	136 INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS 834 Geo	rgia	Avenu	ıe	
14. F	FATHER'S NAME		IDDLE LA:		15. MOTHER'S MAIDEN NA	MIDDLE		145		
	Cheste		Kuhn	31	Bessie	MIDDLE		Dra	per	
	WAS DECEASED EN		MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE	SS			
	No	(IF YES, GIVE V	220_	05-6447	Gail R. K	line, 1016	Mar	shall	Street	
		H WAS CAUSED	y ane cause per line far (a), BY: Myo		Infarction	n		BETWEEN C	imate interval onset and death len	
		immediate rating the ruse last	DUE TO, OR AS A CON	eriosc] SEOUENCE OF	erotic Hea			443		
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
CERTIFICATION	190 DATE OF OPE	RATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	280 AUTOPSY?	IN CERTI	S, WERE FINDIN		
	21g ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUS	RY IN ITEM 1B,	PART 1 OR PART 2)		
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		216 PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	M	COUNTY	STATE	
	22a.1 certify that saw the dec abave, (1) (w		ol) attended the deceased	_19, ai	nd that in (my) (aur) apınian	death accurred an the do		ur and fram the		
	22b. SIGNATURE	M	mel		DEGREE FOR E. ATTENDING PHYSICIAN	W. Ditto, I MEDICAL STAI MEDICAL PHYSIC	II,	M. D. DATE Feb.	SIGNED . 8,1980	

22d. PHYSICIAN'S NAME (NE OR PRINT) Howard N. Weeks, M.D.P.A.

22e ADDRESS

580 Northern Ave. Hagers. MD 21740

230. BURIAL, CREMATION, REMOVAL Burial 23b. DATE 2-9-80

23d LOCATION
CITY OR TOWN
Y Hagerstown, 23c. NAME OF CEMETERY OR CREMATORY Wash., Rest Haven Cemetery

Rest Have

FOR

250 DATE RECD. BY REGISTRAR 250 REGISTRAR S 19 NO BEAUTY Haven Funeral Chapel, Inc., Hag.,

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

The sour Course, . CE EDUCATION OF THE PROPERTY the file of the second party of the second s

126. KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY House Wife 13. STREET ADDRESS neutoria 1 MIDDLE LAST ADDRESS Mrs. Elwood Lease, New Rochelle, N.Y. APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTE YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) apinion death occurred on the date and haur and from the causes stated 22c DATE SIGNED STAFF DIRECTOR PHYSICIAN Westernport Allegany Md STATE (SPECIFICATION Philos Cemetery BP. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-16 25M** Westernport, Md. 21562 propercy/Habrand (VRA 15, 4) 1/79

FOR - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

STATE OF MARYLAND

2s. DATE OF DEATH MONTH

YEAR

80

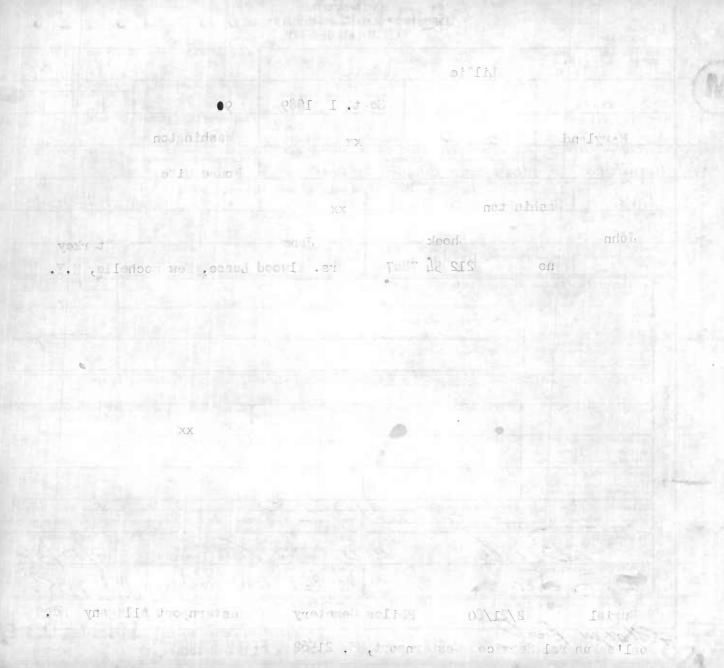
DAYS

IF UNDER 1 YEAR

2b. HOUR

IF UNDER 24 HRS

REG. NO



1	1				E OF MARYLAND	To the state	194
X	1.	FOR STATE REGISTRAR			FICATE OF DEATH	REG. NO.	5 4 2 9
ob pe	I DE	CEASED NAME CORPRINT)	1	Forrest	Last Lis	26 DATE OF DEATH MONTH	20/80 11:15Pm
noy br page	3 SE	* hate	4 RACE	5. DATE (DF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 2 HARS
		IRTHPLACE (STATE OR FOREIGN OUNTRY) Maryland		G.	D X NEVER MARRIED	9 BALTIMORE CITY OR CO	rton
oy the fune led within		ITY OR TOWN OF DEATH Hagerstown	11. NAME OF	HOSPITAL, NURSING HOME (CHEACHITY GIVE STREET ADDRESS) N Mary Land Hos	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORK Watchman	126 KIND OF BUSINESS OR
24 hours	USU 130	AL RESIDENCE (IF NURSING HOME CONTACT LINE COLUMN TERMINAL LINE COLUMN T			13d INSIDE CITY LIMITS?	Rt# 2 ADDRESS	
completely in a nod 2 should be a should b		ATHER'S NAME WILLIAM F.	MIDDLE L	ewis LAST	15. MOTHER'S MAIDEN NA.		LAST
TIMORE, M. Timore, M. Timore, M. Timore, M. Timore, M.	160 \	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECURITY NO. 215-26-1546	17 INFORMANT Mrs Delva	ADDRESS Lewis Rt#2 My	versville, Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physician. Tottending physician. Street his certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corbonopers. Pages 1 and 2 should be filled in hand Mental Hygiene prior to burial, cremation, or removal. orked or tem 18 shows any injury, or other traumatic event, the medical examiner most because or the medical examiner to the control of the control o		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	ATE CAUSE (a)	Shock			APPROXIMATE INTERVAL BETWEEN ONSET ANIMOEATH M. M. 2
W. PRESTON not the death ce by the attending se remove could, cremation, or a other traumatic		Canditions, if ony, which gove rise to immediate couse (a), stating the	(b)_	OR AS A CONSEQUENCE OF NOR AS A CONSEQUENCE OF	na of 1	san creas	paonth
RDS, 201 W equires that n signed by Then please to burial, cr	7	underlying cause last. PART 2 OTHER SIGNIFICANT	((c)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	Inal disease or Conditio	N GIVEN IN PART 1(a)
il RECORDS, te law require on. the lew require the been sign permit. Then ene prior to by ows any injury	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH OPERATIO	N WAS PERFORMED	INC	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
USION OF VITAL R By PHYSICIAN: The L Intending physicion. Fr this certificote has the buriol-tronsit pe and Mental Hygiene ked or item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ATH HOUR A	M. MONTH DAY YEAR	21c HOW INJURY OCCUR	YES NO NO RED (ENTER NATURE OF INJURY IN IT	YES NO
DIVISION OF VII DING PHYSICIAN: or attending physis After this certifical and the this certifical and montal thy marked or item 18:	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OF TOWN	COUNTY STATE
TEND or USE or USE BY Head	Н	22a.1 certify that (I) (this hosp sow the deceased alive o abave, (I) (we) (A)d) (did n	2 1	26 19 84	nd that in (my) (bur) opinion (to	d hour and fram the causes stated
At OR ATTEN the hospital at Directors.		22b. SIGNATURE	te 1	Malm and	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2 20 N
TO HOSPITAL OR AT retorned by the hosp Thought DIRECT Should be detached by with the Store Dept. c. IMPORTANT: If them 2		22d. PHYSICIAN'S NAME (TYPE	OR PRINT!	Palamo	1200 ADDRESS Penn	sylvanicku	e Hagerptown
BP		Burial, Cremation, remova SPECIFY Burial	2/23/8	Nt Beth	el Methodist	Foxsville,	0
DHMH - 16 60M 1/75 (VR A 15 (4))	24. F	Bittle Funera	I Home	Myersville, Mo	1. 21773 250 DAT	Bezo y 1980 AR 256	Cister's Strate

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Au affivere	de Chaff of		-15 M			200

	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENB 0 0	5 4 3	0
		CEASED NAME	FIRST	MIDDLE LAST			AST	20. DATE OF DEATH MONTH	DAY YEAR 2b HO	
			20,60	1Am	Isaiah	1	oury	2	29 80 7	35 A M
	3 SE	X		RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOUR	DER 24 HRS
	MALE			Caucasion 10			12 96	83 YRS	MONTHS DATS HOUR	5 MIN
e Co	C	IRTHPLACE (STATE OF			WHAT COUNTRY?	8 MARRIEI	□ NEVER MARRIED □	9 BALTIMORE CITY OR COUN	TY OF DEATH	
9	W	est Virgi		USA		WIDOWE		Washing.	Ton Coun	CUMD.
00	10 CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			12a USUAL OCCUPATION	126 KIND OF BUSI	INESS OR	
0/6		lagensto	un	AYO	Ion Ma	nor	nursing Hom		LIFE) INDOSTRI	
F Thurst be	130 3	ALRESIDENCE (IFNU STATE aryland		other institution TY ngton	Hagerst			13e STREET ADDRESS		
e c	14 FA	ATHER'S NAME	A	IDDLE	LAST		15. MOTHER'S MAIDEN NA			
210		William 1					^{FIRST} Sarah	S		
medico	16a V	WAS DECEASED EVE YES NO OR UNKNOWN)		NED FORCES?	215-36-		17 INFORMANT	ADDRESS Lowry, Hagersto		d
event, the		18 CAUSE OF DEA	WAS CAUSED	y one couse per 8Y CAUSE (o)	Pneum		1713 ,		APPROXIMATE IN BETWEEN ONSET A	TERVAL ND DEATH
injury, or other froumotic		Conditions, if an gove rise to in couse (a), state	nmediate ting the	(b)	R AS A CONSEQU	ENCE OF	ie Heart		7/27	·S.
0 r 0		underlying cou	se lost	(c) +	Tper "	tens	ins Vesc. pi	50252 '	713	•
ınlury, o	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101								
2 Sun	CERTIFICATION	19a DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IF Y	ES, WERE FINDINGS US TIFYING CAUSES OF DE YES \(\text{NO} \)	ATH?
is morked or item 18 shows		210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEAT	.,	PFINJURY M. MONTH D. M.	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM)	3. PART I OR PART 2)	
rked or	MEDICAL	21d. IN JURY OCCU	WHILE D	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
e S		220.1 certify that (I) (shis haspital) attended the deceased from 9-14, 19.78, to 2-29, 19.20, that (I) (we) lo								
21 -		sow the deceased alive on 2 - 2 5 - 19 50, and that in (my) (a) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								stoted
Hem		226. SIGNATURE	1 - 2 1101				DEGREE		22c. DATE SIGNE	D
±		Clas A	a.	1/1/		_ n	1.5 ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/29/	50
RTANT: If Hem 21		22d PHYSICIAM'S N	NAME (TYPE OF	PRINT)			22e ADDRESS	11:11 11:4	1	- 1

23c. NAME OF CEMETERY OR CREMATORY

Cedar Lawn Mem. Park

DHMH - 16 50M 1/76 (VR A 15 (4))

should be detoched for use as the burial-transit permit. Then please remove contribute by State Dept. of Health and Mental Hygiene prior to burial, cremation,

MPORTANT: If Hem 21 is

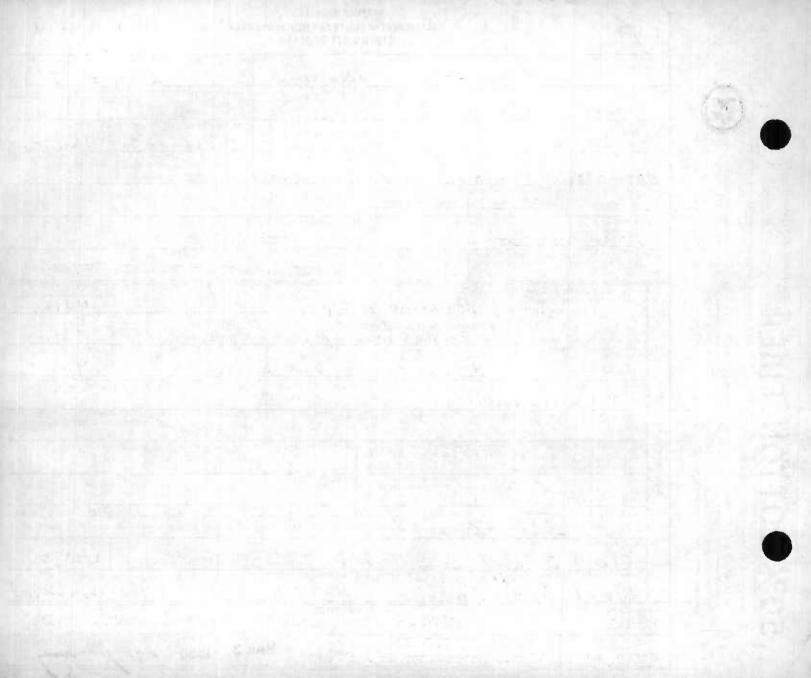
230. BURIAL, CREMATION, REMOVAL burial

24 FUNERAL DIRECTOR MINNICH FUNERAL, HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

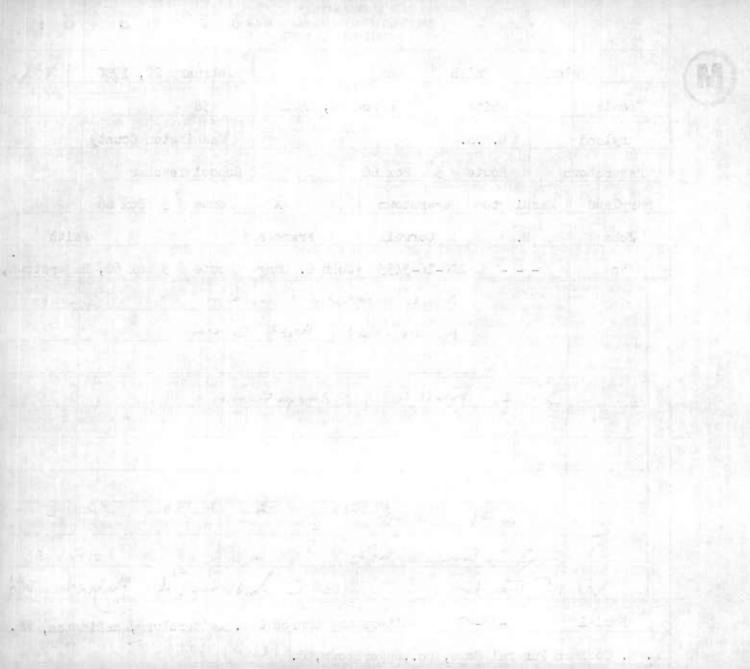
March 3,1980

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S

Hagerstown, Wash., Maryland



K. Coffman Funeral Home. Inc. . Hagerstown. Md



John H. Bast, Jr. Boonsboro, Md. 21713

(VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ona d. surt. T. Bonnsboro, Ed. 21713

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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MPORTANT:

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2g. DATE OF DEATH DECEASED NAME 2b. HOUR (TYPE OR PRINT) 30 29 80 EXECUTE Freda IF UNDER 24 HR 3. SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH 04 BALTIMORE CITY OR COUNTY OF DEATH, TO CITIZEN OF WHAT COUNTRY BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Homemaker SUAND SIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? MIDOLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO LIF YES, GIVE WAR OR DATES! 220-16-3350-A George McGolerick (son) Keedusville MI XXX TO SOUTH TO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ceretrovaralar IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Central Arteriorderoris Conditions, if any, which gove rise to immediate cause (a), stating the according Arterio relevous underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION Hopertenian 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS LISED 198 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NODE NO [210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from, 1, 28 10 80 sow the deceased alive on. _, and that in (my) (our) apinion death accurred on the date and hour and from the couses stated obove, (1) (we) (did) (did nat) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE DEGREE

22d. PHYSICIAN'S NAME (TYPE OF PRINT) VASANT DATTA, M.D.

Willes Tuncov

MO

1600 OAKHILLAVE, MAKERSTOWN, MO 21749

230 BURIAL CREMATION REMOVAL

23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) Burial

Old Brethren Cem.

ATTENDING

MEDICAL

PHYSICIAN K DIRECTOR PHYSICIAN

23d LOCATION Brownsville KMAXVIIIA, Wash.

STATE

1.29.80

Robert L. Spencer - Harpers Ferry, W. Va.

24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4))

DATE REC D. BY REGISTRAR THE REGISTRAR'S SIGNATURE

Later - Clare - Color of the Color - C coords to append a thousand . I denoted CTATE OF MADYLAND

	FOR 1 - STATE REGISTRAR	DEPARTE	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 0	5 4	3
	1 DECEASED NAME FRST (TYPE OR PRINT) Ches	ter Arden	McSHERRY	February 26, 1	980	26. HC
	male	4 RACE white	S DATE OF BIRTH MONTH MAY 16, 1913	6. AGE (IN YEARS LAST BIRTHDAY) 66 YRS.	IF UNDER I YEAR	IF UND
	7e BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	I Wachington	Y OF DEATH	
-	10 CITY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 15 Clinton AV		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI WATE HOUSE MGT.	126 KIND C INDUSTRY	F BUSII
		or other institution, one residence before unity is city or tow Hagersto		13. STREET ADDRESS 15 Clinton Av	enue	
1	FATHER'S NAME William	McSherr	y Isadora	AME	Izer	51
i	140 WAS DECEASED EVED IN ILS	APMED EMPCESS THE SOCIAL SECTI	DITY NO. 17 INCORMANT	ADDRESS		

Mrs. Gertrude McSherry, Hagerstown, Md. 220-10-3896 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for 101, (b), and 101. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) Arteriosclerotic heart disease with Indefinite AS A CONSEQUENCE OF Cardiac congestive failure Canditions, if ony, which gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse

CERTIFICATION 90 DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO T YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE

and that in (my) XX opinion death occurred on the date and hour and from the causes stated sow the deceased alive on a obove, (Minds Add) (did not) view the bady after death 226. SIGNATURE DEGREE 22¢ DATE SIGNED PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OF PRINT) B. Kneisley, M.D.

(YES, NO OR UNKNOWN)

Washington Street Hagerstown, Md. 21740

23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Waynesboro, Pennsylvaniasint Green Hill Cemetery Feb. 28, 1980 burial

IMPORTANT: If

should be detact with the State

DHMH-16 25M (VRA 15, 4) 1/79

BP.

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

(IF YES, GIVE WAR OR DATES!

415 E. Wilson Blvd., Hagerstown, Md. 21740

The state of the s 2/27/80 TIL . W. meantage in No. 227 and

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Gwn Hoine	House Le	. Pospi wil Den er	ก. อะ อะเอรูล

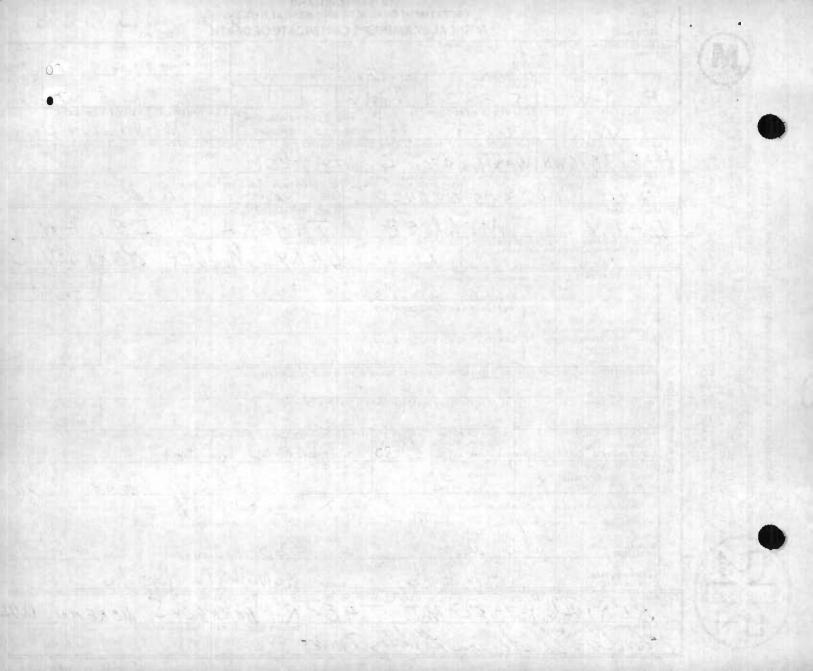
Arrilan saington Boonsporo reion los e conicla mita oinn

217-28-2190 Pr. John H. Miller, Boonsboro, Bd. 217

2-25-00 Inited Methodish em. Wersville, Ned rick ... M.

John H. Bast, Jr. Bocasbore, Ed. 21713 Thank Bast, Jr.

FO		DEPARTMENT OF	HEALTH AND MENTAL H	YGIENE A	5 7 9
RE	GISTRAR		NER'S CERTIFICATE O		2 4 7 0
1. DECE	ASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 76. HOU
(1172.01	Melin	da	miller	OF ESTI- DEATH MATED	JAM 5 19:80 AM
3 SEX	4 RACE S	DATE OF BIRTH MONTH DAY YEAR LAST BIRTHO	THE RESERVE TO THE PERSON OF T		MONTH DAY YEAR 24 HOUR
F	- W	F ~ 77	RS. DAYS HOURS	MIN. PRONOUNCED DEAD	An 5 19.80 1958
70 BIRTI	HPLACE ISTATE OR 7	D. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE	9. BALTIMORE CITY C	OR COUNTY OF DEATH
	VA	U.S.A.	WIDOWED DIVORCE		HINGTON CO., MD
10. CITY	OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOM NOT IN SUCH FACILITY, GIVE STREET ADDRESS	E, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE	
17/	BEKS IOWN	WASHINETON G	OUNTY HUSI		
USUAL R		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS		130. STREET ADDRESS 40	0
	WVA MO.	REAN BERKHEI	YES NOW	1.	0. 2
14 FATH	ER'S NAME	MIDDLE A 1 / LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	LAST
11	AKY	MIHAIER	TERE		- E D EN
(YES, N	DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SECURIT	Y NO. 17. INFORMANT	AN 1/CA	R-ON/FU
	NO	NON	= KANY	MINHER	OERKHIRY J
18	PART I DEATH WAS CAUSED B	one cause per line for (a), (b), and (c).)	0 T	- 11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	G A A MEDIATE	DUE TO OR AS A CONSEQUENCE	08000 10	cold	1145
18	Canditians, if any, which	DUE TO POR AS A CONSEQUENCE	OF		
	gave rise to immediate cause (a) stating the under-	(b)			
	lying cause last.	DOE TO, OR AS A CONSEQUENCE	OF		
PA	RT 2 OTNER SIGNIFICANT CONDITIONS CON	(C)	THAT OREACE OF CONDITION CIVEN IN BAR	7.1.1	
		THE PERSON OF THE PERSON OF THE PERSON	MINAL DISEASE OR CONDITION DIVEN IN PAR	I 1 (0),	
TA 19	DATE OF OPERATION	196. CONDITION FOR WHICH OPER	RATION WAS PERFORMED?		20. AUTOPSY?
FIC					YES X NO [
	EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c. HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 F	
ON CO	NDERLYING OR ONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	D wandered o	If from home	
21	I. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	11 (1	Was in the same
	HILE NOT WHILE TWORK	STIREET, FACTORY, FARM, ETC.)	ZIKEEL	HANCOCK	WASH NO
	220. I certify that I tank charge of	of the remains described abave, held an	Autopsy , Inspection	V V	d is my spinion
	leath resulted fram: Natural		vicide . Hamicide .	Undetermined manner ,	d in my apinion
	1,010101	10011	TITLE (SPECIFY) .	ondetermined manner [],	
	TUAL GNATURE	6-11 Mests	MD DOD	MEDICAL EVALUATED	DATE JAM 5 79
		1/1/1/1		at 11	+ 11
EX (T)	AMINER'S NAME (PE OR PRINT)	Itil weeks	ADDRESS 580 N	for went to tage	es/our lad
23a.BURI	AL, CREMATION, REMOVAL 236.	DATE 231. NAME OF CE	METERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	80X1441	-7-20 MT.	TABOR	BERKYEYS	MOR8ANI IMH
24. FUNI	RAL DIRECTOR	ADDRESS P 1	250, DATE R	EC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
60	acky J. Chu	alism perel	7 185 HE	5 4 9 1980 14	Tray / Kelready



death certificate be

ATTENDING PHYSICIAN:

TO HOSPITAL

of oper

carban papers. Pages I and 2 should be filed within it, or removal. and completely filled in by the executed within 24 hours after

injury, or other traumatic event, the

STATE OF MARYLAND

1 -	STATE REGISTRAR			DEF	CERTIF	ICATE OF DEATH		REG. N	0.	5	3 7
	CEASED NAME OR PRINT)	Shark	ley	J.	Mi	Miller	2	R DATE OF DEATH	MONTH =	28 80	26. HOUR 4145 K.M
3 SE	X		RACE		S DATE C			AGE (IN YEARS LAST AIR		F UNGER TYEAR	IF UNDER 24 HRS
	Female		White		Sent		5	44	YRS.	MONTHS DAYS	HOURS MIN.
	Okla.	OREIGN)	U.S.		MARRIEI WIDOWE	D NEVER MARRIED	0 0	Washingt	R COUNTY		MD.
На	ity or town of DE.		Washi	ngton	Co. Hosp	or other institution		2R USUAL OCCUPAT TYPE OF WORK FOR MOST OF HOUSE 12	F WORKING LIF		BUSINESSOR
13a	AL RESIDENCE (# NUR STATE	136 COUNT	Y	IJC. CITY OF	RTOWN	134 INSIDE CITY LIMITYES NO		street address 11730 Ant	hony :	Highway	
14. F/	ATHER'S NAME FIRST	M	C.		ins	IS MOTHER'S MAIDE FIRST	NAME	UNKNO		LAST	
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO		NED FORCES? WAR OR DATES)		SECURITY NO.	William C	. Mi	.ller way	TTI	30 Anthonesboro	
NOI	Conditions, if any gave rise to immicause ion, statist underlying cause	mediate ng the lost.	(b)	DR AS A CON	SEQUENCE OF	NOT RELATED TO THE	TERMIN	al disease or con	DITION GIV	EN IN PART 10	
TIFICAL	190 DATE OF OPERA	TION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTIF	S, WERE FINDING FYING CAUSES O	
MEDICAL CERTIFICATION	218. ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR. WHILE NOT WAT WORK NOT WAT WORK AT WORK AT WO TO WAT WORK AT WO TO WAT WORK AT WO TO WAT WORK AT WORK	CAUSE OF DEAT AL EXAMINER) RED HILE D (this haspite ed alive and did) (did not	21R PLACE (AT HOME, ST) attended the view the body	.M. MONTH	19 OFFICE, FARM, ETC.)	211 LOCATION STREET 211 LOCATION STREET 19 d that in (ay) (our) ap DEGREE PHYSIC: 228 ADDRESS	SU Dinion dec	CITY OR TOWN	ote and hou	COUNTY	STATE hat (I) (we) last auses stated
23e (BURIAL, CREMATION, SPECIFY) Burial		23b. DATE 3/3/	1980		emetery or cremat		Mad LOCATION CITY OF TOWN	- 4	county	STATE

DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR After

should be detached for use as the buriot-transit permit. Then please temove co-with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, this certificate has been

IMPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR

Waynesboro, Pa.

MARTEGEC'D. 1980STRA

No. of the Control of

235

1	FOR			DEPARTMENT	OF HEALTI	H AND MENTAL H	YGIENE	1 1	leg .	1 6	0
1.	STATE REGISTRAR		MI	EDICAL EXAM	AINER'S	CERTIFICATE O	F DEATH	REG.	NO.		C)
	ECEASED NAA			WIDDLE		LAST	2o. [OF ESTI-	HINOW [DAY YEAR	Zb. HOUR
		George		ilson		rgomery		EATH MATED	A FEB	.23 1980	2:00
3 SE		4. RACE	5. DATE OF BIRTH		IN YEARS IF UT	NDER I YR. IF UNDER		DATE	HINOM	DAY YEAR	2d, HOUR
	ale	White	May 12,		YRS.			DEAD		23 1980	AN
F	OREIGN COUNTRY			VHAT COUNTRY?	8. MARR	ELED NEVER MARRI	IED 9. B	ALTIMORE CIT	y or count Ington	IY OF DEATH	
	Vest Vi		U.S.	A. DSPITAL NURSING H		VED DIVORC			-	1101 WINDS OF S	M
	lagerst		LIE NOT IN SUCH I	ACILITY GIVE STREET ADDR	ESS)			OF WORKING LIFE)	TYPE OF WORK	12b. KIND OF B OR INDUS	TRY
	_		Wash	ington Cou	inty Ho	spital		1111			
13a	STATE	T3b. COUNT	ſΥ	13c. CITY OR TOW	VN						
$\overline{}$	eryland		ington	Hagersto	wn	YES NO W		Pennsy	rlvania	Avenue	
14. 1	FIRST		MIDDLE	LAST		FIRST	NAME	MIDDLE		LAST	
160	George	ED EVER IN U.S. ARA	N.	Montgome	ry, Sr	Lesta 17. INFORMANT		V.	FSS	Schroc	k
(YES, NO, OR UNKN	OWN) (IF YES, GIVE Y	WAR OR DATES)	234-26-			-h (7)				
	yes	W.W.				Mrs. Rut	in C. M	ontgome	ry, на	g. Mary	
	PART I D	OF DEATH (Enter onl EATH WAS CAUSED		ne for (o), (b), and (c).		N OF GASTRI				BETWEEN ONS	ET AND DEATH
7	G,	IMMEDIAT	r choor (o)	R AS A CONSEQUEN		N OF GASTRI	CONT	ENTS		MOMEN	13
17	Condifie	ons, if ony, which				LON OF ALCO	NHO!				
7	gove i	ise to immediate	/ (0)	R AS A CONSEQUEN		ION OF ALCO	HUL				
	lying co		100210,0	K AS A CONSEGUEN	CEOF						
	PART 2 OTNER S	AGNIFICANT CONDITIONS (ONTRIBITING TO DEAT	H BUT NOT PELATED TO THE	TERMINAL DICEAS	SE OR CONDITION GIVEN IN PA	97 1 (a)				
Z				and the state of the	TERMINAL OLICA	or condition divin in the	K1 1 (G).				
ATI	190. DATE O	FOPERATION	19b. COND	ITION FOR WHICH C	PERATION W	VAS PERFORMED?				20. AUTOPS	Y?
IFIC	1736									YES 🔯	NO 🗆
CERT		AL CAUSE WAS	21b. TIME C	OF INJURY	21c. H	OW INJURY OCCURRE	D LENTER NATUR	RE OF INJURY IN ITEM	A 18 PART 1 OR PA		
MEDICAL CERTIFICATION	UNDERLYIN	G OR ING CAUSE OF D	EATH T:45	M. MONTH DAY	S SO A	SPIRATION C	F GAST	RIC CON	TENTS		
EDIC	21d. INJURY	OCCURRED	21e. PLACE	OF INJURY (AT HON		CATION	200				
X	AT WORK	NOT WHILE		CTORY, FARM, ETC.)	23	77 PENNSYL	VANIA A	VE., HA	GERSTO	DWN , WASH	, MD
F			(thein- d	escribed obove, held o		osy X, Inspection	П.		4.4		
	The second second			Accident X				nquiry ,	ond in my op	Sinion	
	deoth resul	red from: Notur	ol couses 🔲,	Accident 23,	Suicide		Undetermi	ned monner L			
	ACTUAL SIGNATURE	clura,	of was	4:40 11	n marin	TITLE (SPECIFY) DEPUTY	MEDICA	EV ALLIN IEE	DATE	FEB. 2	5,198
1	SIGNATURE				~			EXAMINER ASHINGT			
10	EXAMINER'S	NAME EDWAR	RD W. DIT	то, 111,	M.D.			, MARYL			
23e.		ATION, REMOVAL 2				OR CREMATORY	23d. LOCAT		COUN	NITV	CTATE
	(SPECIFY) Bui	cial I	Feb. 25,1	.980 Cedar	Lawn I	Mem. Park	Hager	stown. I	Wash	Maryla	nd
24.	CHNEDAL DIDE	CIOP				25. DATE	DEC'D BY DEC	TISTRAD 751 PI	EGASTO LOGS	TARRALA WALLER	
4	115 E.	ALLISON, BI	va., Hage	erstown, M	larylan	d 21740 FR	2 8 198	in P	intrey/1	nature	

STRETCH HINTER SCHOLLASIS - SAS DESCRIPTION OF THE PROPERTY OF . A . WOT HESSA .. 20 AT AVEY BE 05c1,25 . 13 Rue 1 THE THE ROTE OF THE STATE OF STREET

FOR - STATE

12% KIND OF BUSINESS OR industry tal 13. STREET ADDRESS PORTS STREET Criner Mrs. G. Maxine Munson, Hagerstown, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apirfion death occurred an the date and haur and from the causes stated 22c. DATE SIGNED DIRECTOR | PHYSICIAN 4 23: NAME OF CEMETERY OR CREMATORY
Cedar Lawn Memorial
Park "Hagerstown, Wash., Md. STATE 24 FUNERAL DIRECTORMINNICH FUNERAL HOME **DHMH-16 25M** 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4) 1/79

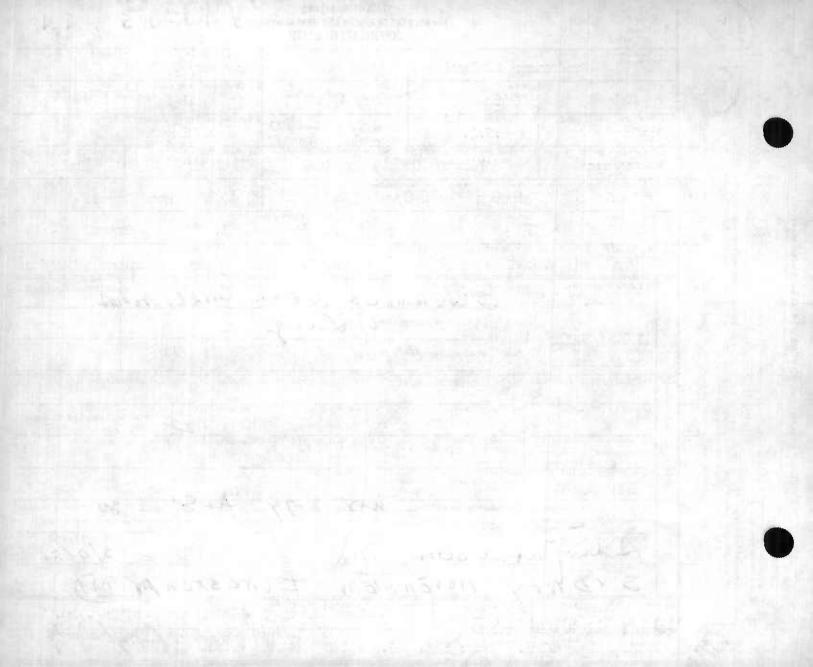
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

IF UNDER 24 HRS

IF UNDER I YEAR

DAYS



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(19)		CEASED NAM PE OR PRINT)	Char	lon To		0	LDE	NT.		2	OF DEATH A	HOWNX	HINOM	DAY	YEAR	The HOUR
A SEE	3. SE		4. RACE	5. DATE OF BIRTH	roy	6 AGE (IN YEAR		DER I YR.	IF UNDER	DA LIDE 1		AATED L	Feb	. 4 1	980 YEAR	7PM _M
A SECTION AND A	ma		white	May 12,	YEAR 1 937	42 YRS			HOURS		RONOUNC DEAD	ED F	eb.		80-7	24 HOUR 55
STO STO	7a B	RTHPLACE (5		7b. CHIZEN OF WH	AT COUN						BALTIMO	RE CITY (OR COUN			- FINM
NECESS FUNERA 5 FOR WITHIN	Ma	ryland		USA			WIDOW		DIVORCE	ED D	Wash					MD.
PAGE FILED S. 301	Sı	nithsbu	ırg	11. NAME OF HOS HENOT IN SUCH FA Smiths	burg	High'S	choc	ER INSTITU 1	TION	12a USU/ FOR M	AL OCCUPA OST OF WORKIN	TION (TYI	PE OF WORK	truc	d of bus industr ck m	Υ
21201 IF ANY DE 2, AND 3 T 3, RETAIN SHOULD B	13b. S	AL RESIDENCE TATE aryland	(IF IN NURSING HOME OF 13b. COUNT		13c. CITY	BEFORE ADMISSION OR TOWN erstown		13d INSIDE (ITY LIMITS?	13e. STRE	et address 131 Ou	ter I	Prive			
	-	THER'S NAME						15. MOTHE	R'S MAIDE							
RE, MI		Melv	in C. Old	en.		AST	- 1	Edi	th M.	Gra	ms MIDE	DLE		LA	AST	
IMO FOL FOL FOL FOL FOL FOL FOL FOL FOL FO	16a. V (Y	VAS DECEASE ES, NO, OR UNKNO	D EVER IN U.S. ARM OWN) (IF YES, GIVE V	VAR OR DATES)		30-8548		Mrs.		a L.	Olden	, Ha		own,	, Md	
	111	18. CAUSE C	F DEATH (Enter only	DV							100			BETWE	ROXIMATE I	NTERVAL AND DEATH
ON ST TEM 1 TEM 1 TEM 1 SIENE,		11.1		E CAUSE (a) P	cute	Coror	ary	7 Occ	lusi	on_C	ODE 4	110		St	udde	n
301 W. PRESTON 51., CUTED WITHIN 24 HOL IN PENCIL IN ITEM 18 IL EXAMINER ALONG RIAL-TRANSIT PERMIT ID MENTAL HYGIENE, I, OR REMOVAL.			ns, if any, which		AS A CON	SEQUENCE OF								13		
O) W. PREST UTED WITHIN Y. PENCIL IN X. A. MINER IN IAL. TRANSIT MENTAL HY OR REMOVAL		cause (a)	se to immediate) stating the <u>under-</u>	DUE TO, OR	AS A CON	SEQUENCE OF					777			-		
301 W. CUTED W. IN PENGE EXAMIL EXAMI	14	lying cou	use last.	(c)												
SA B S S S S S S S S S S S S S S S S S S	NO	PART 2 OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO OFATH I	OUT NOT RELAT	EO TO THE TERMINA	L DISEASE	OR CONDITION	GIVEN IN PAI	RT 1 (a).		av				
SHOULD BE E. SHOULD BE E. SHOULD BE E. CHEF MEDICHE F. USED AS A F. OF HEALTH.	CERTIFICATION	196. DATE OF	OPERATION	19b. CONDIT	ION FOR V	VHICH OPERA	ION W	AS PERFOR	MED?		n II-I J	GU IS		20. AU	JTOPSY?	
SHOU ORD " CHIE BE USE IT OF P	RTIFI								26.0				03.		s 🗆	NO 🔀
S CERTIFICATE SHOURTING THE WORD "RITING THE WORD "RED TO THE CHEES 3 SHOULD BE USE TO EDEPARTMENT OF 1 PRIOR TO BURNAL, COME TO THE THE TO TH		UNDERLYING	AL CAUSE WAS OR NG CAUSE OF D		MONTH.	DAY YEAR	21c. HC)W INJURY	OCCURRE	D LENTER NA	ATURE OF INJUR	Y IN ITEM 18	PART I OR PA	RT 2)		
DIVISI DIVISI TE, WRITING DRWARDED DRWARDED STATE DEP. 21201 PRIO	MEDICAL	216 INJURY C	NOT WHILE AT WORK	21e PLACE C STREET, FACT	OF INJURY ORY, FARM, ET			TREET	3 7		CITY OR TOWN		со	UNTY		STATE
MINER: TIFICATE BE FOOT BE FOOT THE THE LAND, 2		22a. I certi death result	fy that I taak charge ed fram: Naturo	of the remains described shares	cribed abov	ve, held an	Autops de .	Hamic			Inquiry Trained mann		nd in my op	pinian		
CAL EXAMINE CERT SHOULD BRAITH, WITH EF, MARYL		ACTUAL SIGNATURE,		Wille	M		M.	D. Dep	uty	MEDIC	CAL EXAMIN	IER	DATE	Fel	b.4,	1980
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNE SHOU AFTER DEFITH, BALTIMORE, MA	-		Moward					JDDKE33_			ern 2	AVe.	Hag	ers	. MI)
EX PA PA BA BA	- (:	SPECIFY)	TION, REMOVAL 23			AME OF CEME				23d. LOC CITY O	RTOWN		COU	NTY	STA	TE _T
BP	04 5	urial UNERAL DIREC	TOD	eb. 8, 198		est Hav		T	ery	Ha	gersto	wn,	Wash	1., M	laryl	and
DHMH - 17 (VR A15 ME (5))	47	NAME	MINN Ison Blvd	ICH FUN	ERAL	номе.	217 44		FE	B O	1000	230. KEC				
15M 7/77	41	b. Wi	Ison Blyd	., Hager	stown	, IVICI.	61/41	J		- 11	ווחהו	1	14/	hall	ende	

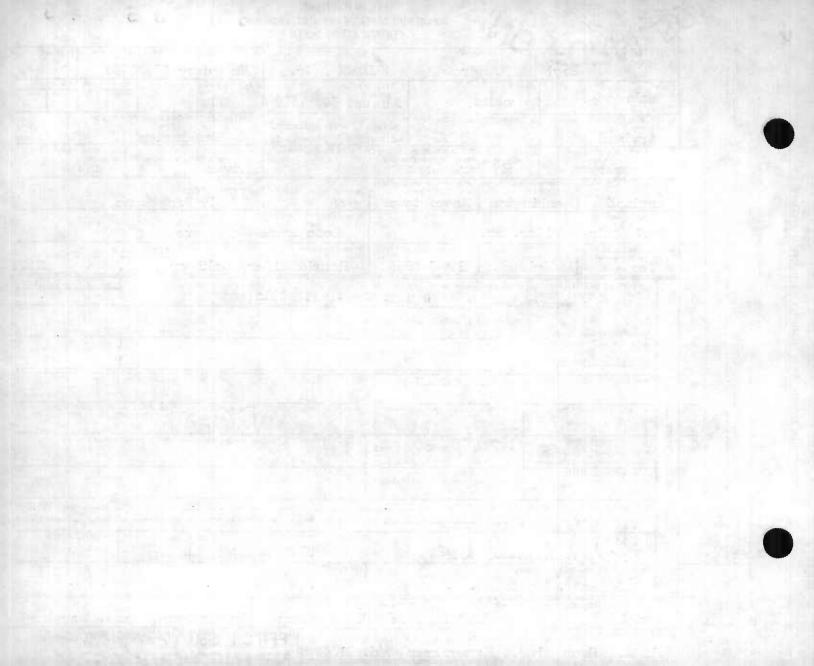
TO HOSPITALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deligation of the hospital or attending physician.

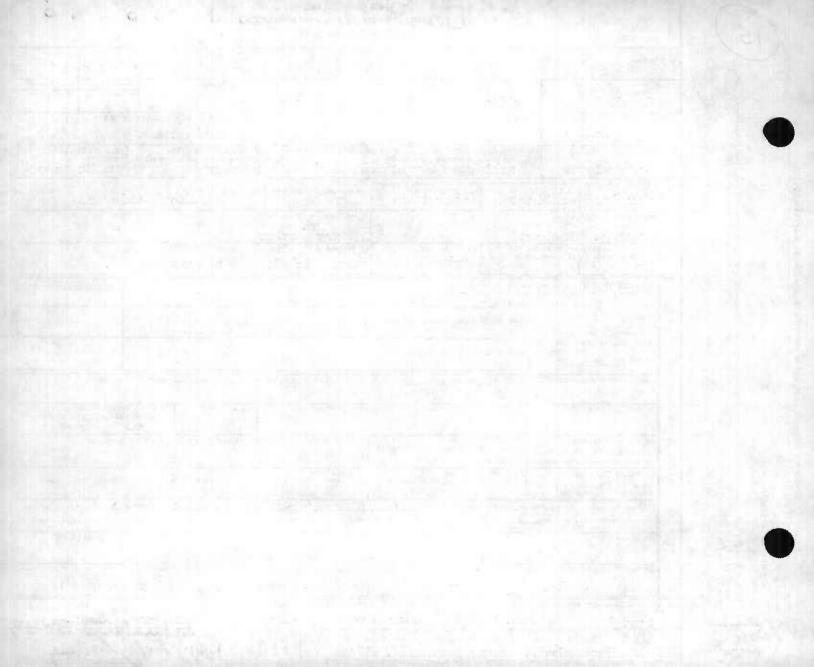
		1.	FOR STATE	127	TP -3	DEPARTA	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 G	0	5 4	4 3
1	1			Charles		rd Poper			REG			
(BA			CEASED NAME	FIRST	41	AIDDIE	D	AST	20. DATE OF DEATH	нтиом	DAY YEAR	26. HOUR
Cia	'/			hes.	town	. 6	10	per	1-26	7	1980	11:07
-		3 SE	K.	4	RACE		5 DATE C		& AGE (IN YEARS LAST	BIRTHDAY)	MONTHS GAYS	IF UNDER 24 HRS
safe	8		Male		Whi	te		e 11, 1923	56	YRS.	JACON GAIS	
67	16		RTHPLACE (STATE OR F	OREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CIT	OR COUNT	Y OF DEATH	
1	175		Pennsylvar	nia	U.S.	A.	WIDOWE		Washing	ton Co	unty	M
of an	8		TY OR TOWN OF DE		II. NAME OF H	OSPITAL, NURSIN		OR OTHER INSTITUTION	12. USUAL OCCUP	ATION	126 KIND O	F BUSINESS OF
2.0	179	Н	agerstown			ngton Cou		ospital	Layout		Door Door	Mfg. Co
12	1	USU	AL RESIDENCE LENUE	SING HOME OR C	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)				10001	
9.0	\$75		STATE STATE	136 COUNT	ington	Hagerst		YES NO T	257 Sout	h Poto	mac Str	eet
20	-8-		aryland THER'S NAME	WasiL	Ington	nagersu	OWII	15 MOTHER'S MAIDEN NA		11 1000	mac 501	CEL
25	5711		FIRST		DOLE	LAST		FIRST	WIDDLE		Idel	I
and	94/1	14 1	Fred VAS DECEASED EVER		lliam	Poper	DITVINO	Edna 17 INFORMANT	ADI	DECC.		
200	7 1		(ES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)					South	Potomac	Street
Par	2	_	Yes	WW .	II	215-14-1	.013	Mildred L. F	oper Hage	erstown		1740
NAME OF THE PARTY			18 CAUSE OF DEAT PART I. DEATH V	H (Enter only	y one couse per	line for (a), (b), and	dien	, , ,)	,	BETWEEN	MATE INTERVAL ONSET AND DEATH
44.0	al a		PARTI. DEATH V	IMMEDIATE		Massie	u (Europen /	lemera	Lige	h	cux
odin	1		431-		DUE TO OF	R AS A CONSEQUE	NCE OF	E 11 10 40, -		0		
1 H			Canditions, if any	, which	(d)	1 /	210	claren & h	4 best or	noun	7	ein
20	tio of		gave rise to imi		DUE TO OF	R AS A CONSEQUE	NCE OF		//			
A si	ð		underlying cause	lost.	(6)	. 43 4 601132000						
10	1		PART 2 OTHER SIG	NIFICANT CO	ONDITIONS CO	NTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	ONDITION GI	VEN IN PART 1(0)
100	2	ě										
and and	-	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
25	12	H	11 300		1000				YES T NOT		IFYING CAUSES	OF DEATH?
figs.	20	3	21a ACCIDENT WAS UN	DERLYING	216. TIME OF			21c HOW INJURY OCCUR				
A TAI	1 /	7	OR CONTRIBUTING		"		Y YEAR	1163 (11 14 15				
d die	10	AEDIC	1 IF EITHER, NOTIFY MEDIC		21e PLACE C		19	211 LOCATION				
ndir he th	1	¥		THILE [EET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY OR	IOWN	COUNTY	STATE
A 18	Ē		AT WORK - AT WE	JRK				. 20	F 1		570	
P DE	5		22a.l certify that (I) saw the deceas		of attended the		90 0	nd that in (my) (aur) opinion	, 10	1-1-1-1		that (I) (we) lo
MEC.	To the same		abave, (1) (we) (-	did) (did nat)	view the body	after death.	. 01		dediti occurred di ili	dote and no		
of Delp	=		226. SIGNATURE		11			DEGREE ATTENDING	, MEDICAL S	TAFF	22c. DATE	SIGNED
y the	ž		0	Oa	che a	ulen		PHYSICIAN &	DIRECTOR PHY		112	
INE De	(ORTA		THE PHYSICIAN'S N	AME (TYPE OR	PRINT)	1		22e ADDRESS		0-	/	
D F.C.	0 /		5 # 6	sach	1/an	den		\$ 6900	, town	· m.	1.	1,100
2 741	=	23a 1	SURIAL CREMATION	REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
BP	-	1	Burial		2-9-8	O Ced	lar Is	wn Memorial I		cstown	Washing	
DUSSIL	2564	24 FI	INERAL DIRECTOR		7-0	ADDRESS		25e. DAT	E REC'D. BY REGISTR	AR 256. REGIS	TRAR'S SIGNAT	URE
DHMH-10 (VRA 15,		A	.K. Coffma	in Fun	eral Ho	me, Inc.,	Hager	stown, Md.	FB 1 3 198	SU M	ifry M	2 Cressly
		No.								_	_	

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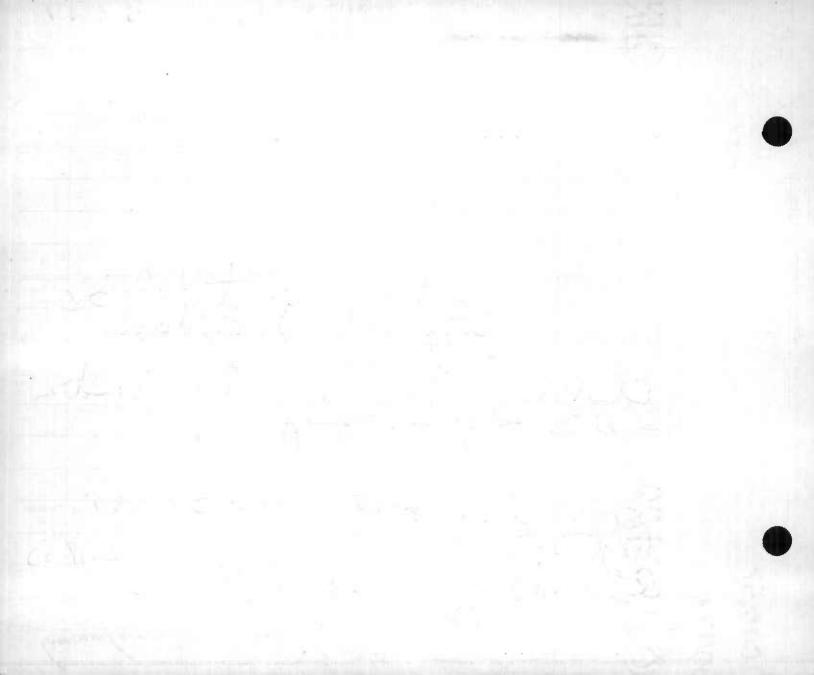
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	iona l	Mark breigner meen	
Research Services		Contract land	
UNITARY USAL	VI4177	ii, Princes	MINOT
ANS THE MARKET S	CATHERINE II. COUNT	41.5-50-115	
	1 + N		
2 45 W	A A Marie		
Tygay	212 / 1/23		
Carra Walter	-3-645 70th		
	31 1		





		1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO.						
		I DE	CEASED NAME FIRST	MIDDLE LAST				20 DATE OF DEATH		AR 26 HOUR
ag age	1	ITPE	Leslie	Watson Robinson				February 1	8. 1980	M
ê B	1	3 SEX Male		White S. DATE OF BIRTH MONTH DAY YEAR July 8, 1900			& AGE IN YEARS LAST BIRTH		YEAR # UNDER 24 HRS	
ge 4	"						79	79 YRS		
ofter dearn. Pa the funeral di d within 72 ha	ot or of	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	The CITIZEN OF WHAT COUNTRY? U.S.A. MARRIED NEVER MARRIED DNORCED MID NOWED DNORCED THE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington County Hospital DROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NITY 13c CITY OR TOWN THE NOTION				Washington MD.		
by the fu	potified 79		TY OR TOWN OF DEATH Hagerstown				120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Pipefitte	ON 126 KIND OF BUSINESS OR INDUSTRY		
vithin 24 hou etely filled in 12 should be	iner must be	USU. 13e. S Ma	AL RESIDENCE IF HURSING HOME TATE 136 CO				13e STREET ADDRESS			
D 0 0	wo 2//		oseph Her		inson		Minnie		Hah	n
be exected on ond	- medicol	T	VAS DÉCEASED EVER IN U.S. / VES, NO OR UNKNOWN) (IF YES, G SVV WILLIAM	IVE WAR OR DATES)	705–10–8		17 INFORMANT Barbara St	ADDRES	Willia William	emsport, ME
w requires that the death certificate been signed by the attending physician mit. Then please remove carbon papers, array to burial, cremation, or removal.	y injury, or other troumotic	CERTIFICATION	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost	DUE TO DE TO	AS A CONSECUE	en	NOT RELATED TO THE TO	SUPUL	THON GIVEN IN PAR	des
The lo	18 shows ony		190 DATE OF OPERATION 2-6-85 210. ACCIDENT WAS UNDERLYING	21b. TIME OF	RIURY	0	N WAS PERFORMED	YES NO	206. IF YES, WERE FILL IN CHRTIFY ING CALL YES (IN ITEM 18, PART 1 OR PART	JSES OF DEATH?
PHYSICIAN ending phy this certific to buriol-tre	or Hem	MEDICAL	OR CONTRIBUTING CAUSE OF E LIFEITHER, NOTIFY MEDICAL EXAMIN 214 INJURY OCCURRED	P.M. PLACE O		19	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
After of the lift on the	morked	1	WHILE NOT WHILE AT WORK			7	8	2 2	-	
	2 : 2		220.1 certify that (1) (this has above to decised allow a above (1) (w) (idid) (did		deceased from			n death occurred on the da		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Z		130	126			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	13	SATE SIGNED
TO HOSPITAL retained by th TO FUNERAL should be det with the State	MPORTANT		830	20 190	5		233 W	Boton	مر	
BP		23a	HURIAL CREMATION, REMOVA		10		emetery or crematory wn Mem. Park	CITY OR TOWN	county	gton Maryl
	-	24. FI	JNERAL DIRECTOR	Februar	-		25a D	MILECO BY SECTION OF THE PROPERTY OF THE PROPE	Sh. REGISTA, COLESIO	President.
DHMH-16 2 (VRA 15, 4)		Ma	jor M. Os born	e P.O. Bo	x 348 Wi	illian	sport MD.			7

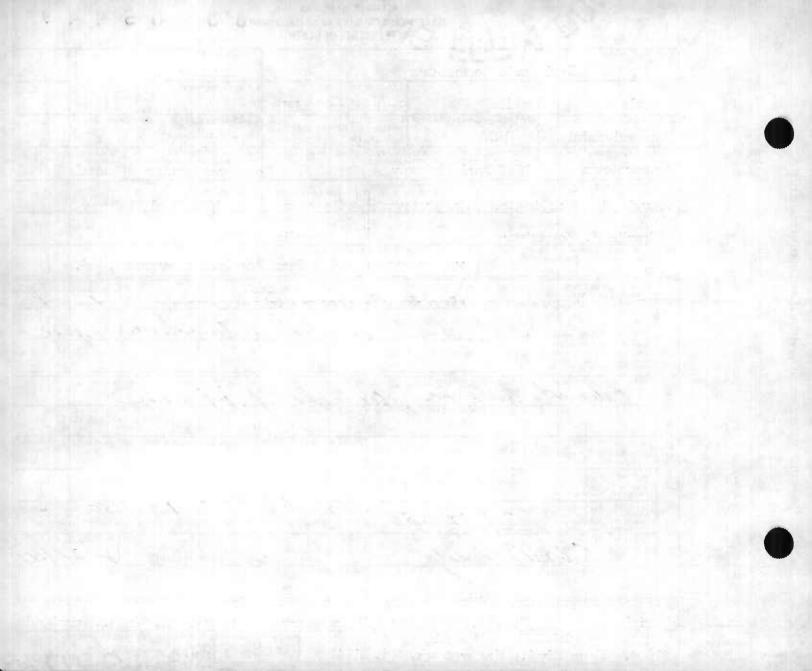


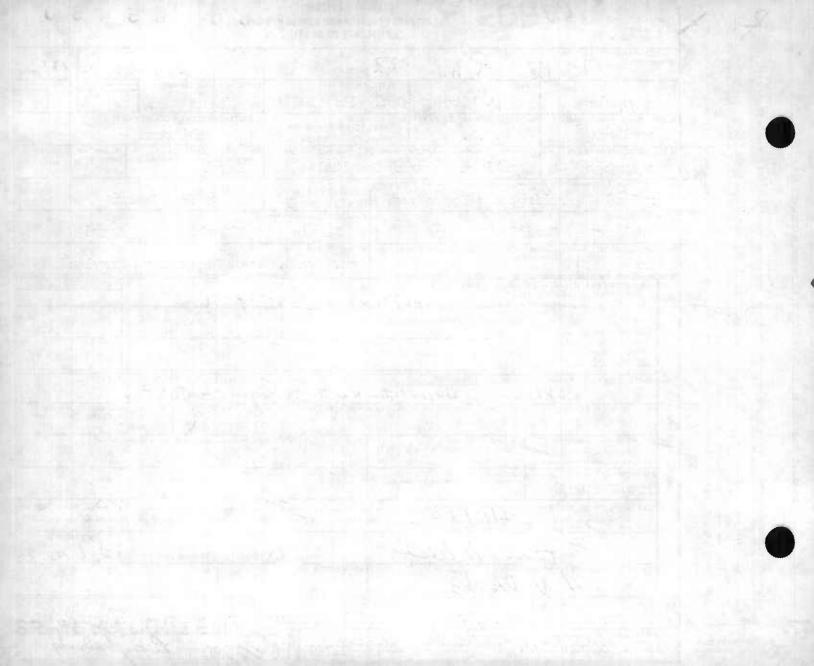
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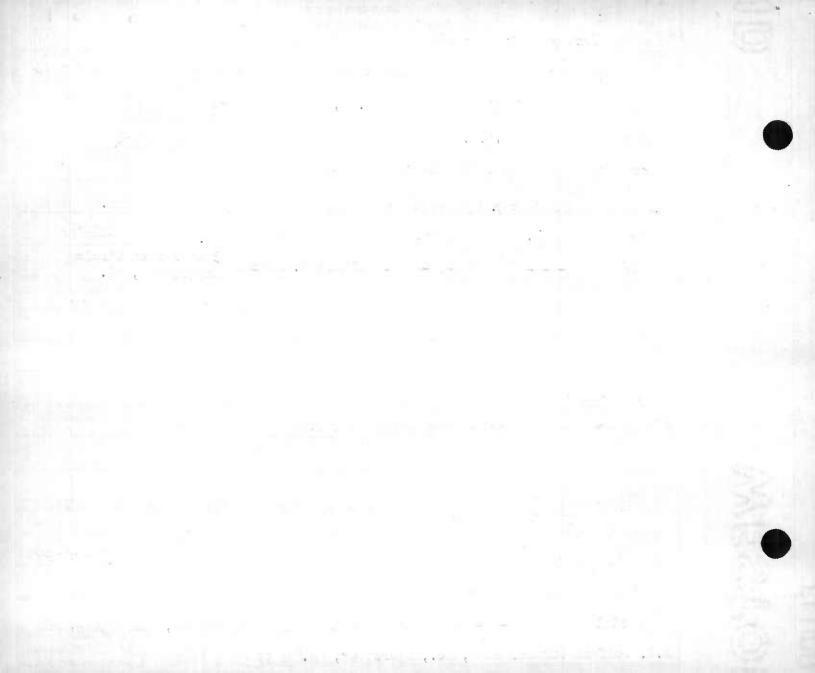
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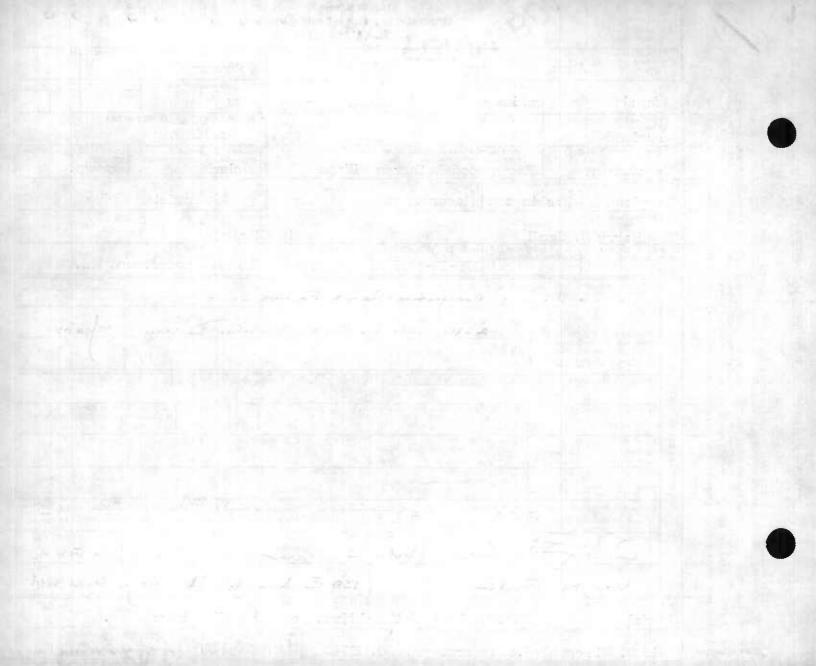






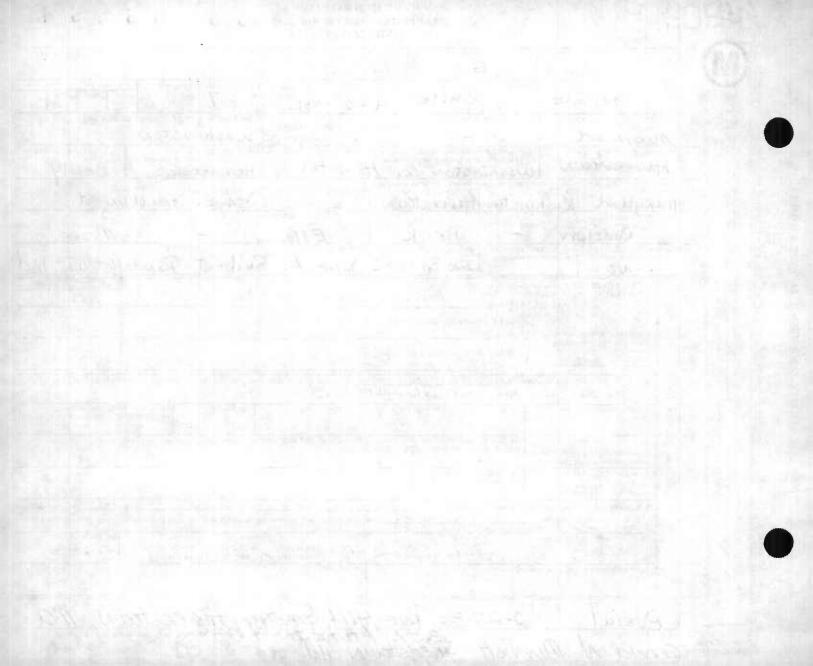
0	1	FOR STATE REGISTRAR		DEPARI		ICATE OF DEATH	REG. NO.		
		ECEASED NAME FIRST PE OR PRINT) Harve		Joel		LOSSER	Pebruary		12:30
	3 S	EX Male	4 RACE White		S. DATE C	rember 2,1681	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	
- 3/	10 Table 1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Monroe, Md.	76 CITIZEN OF	WHAT COUNTRY	2 0	D NEVER MARRIED XX	BALTIMORE CITY OR C		
Don'thed o	10	Boonsboro	11. NAME OF	HOSPITAL, NURSI CHEACILITY, CIVE STREE LEY- KEED	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WIT	ORKING LIFE) 126. KIND	of Business ming
ad 15th	130	JAL RESIDENCE (IF NURSING HOME) STATE Maryland Wai	OR OTHER INSTITUTION OUNTY Shington	BOORSOO	RE ADMISSION)	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS		
- Xomine	0 14	Josiah	WIDDLE	Schlos	ser	15. MOTHER'S MAIDEN NAM	la MIDDLE		йb
medicol	100	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	215-36-		Fahrney- Kee	edy Home Reco		bero,
oval. nt, the		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	r only one cause per JSED BY:	r line for tat, (b), a	nd (c	CHF			XIMATE INTERVAL
ol, crematian, or re		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	(b)_	R AS A CONSEQU		ASCVI	nis relevant	2	yn
to burid sjury, o	NO.		TONDITIONS CO			NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART I	(a
ows any ir	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED		Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES [
tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A	DF INJURY .M. MONTH [.M.	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	NITEM 18, PART 3 OR PART 2}	
hand Me rked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE		211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
of Health		22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did			0-	nd that in (my) (our) opinion		ond haur and fram th	
te Dept I, If Iten		22b. SIGNATURE	Vesantz	stte,	40.		MEDICAL STAFF DIRECTOR PHYSICIA		E SIGNED
3 0 7		22d. PHYSICIAN'S NAME (TY	PE OR PRINT)			22e ADDRESS			212
MPORTAN		VASANT 1	DATTA, A	. C.A		1600 OAKHI	LL AVE, HAGE	ERSTOWN, I	WO 217

Carlo Company of the Company	SECTION SERVICES	Look yaw	x att
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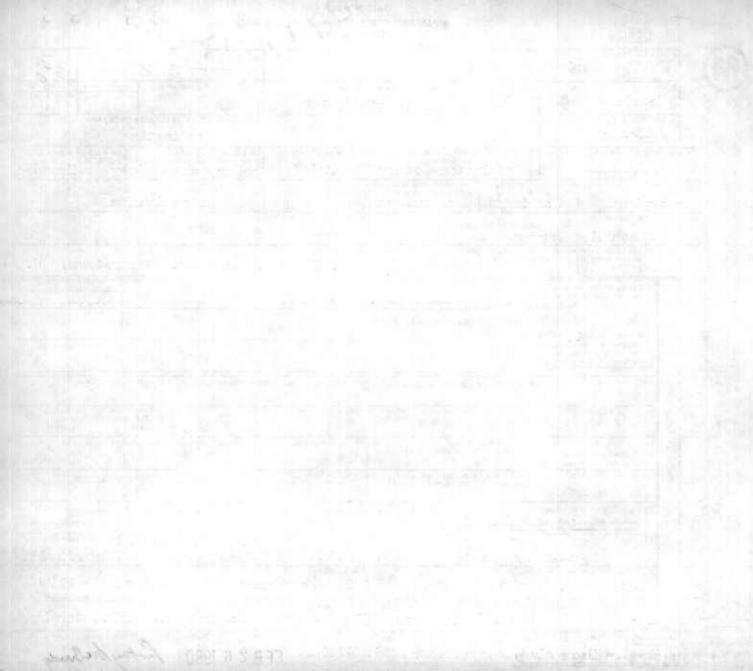


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. retained by the hospital or attending physician.

11		1.	FOR STATE REGISTRAR	DEPARTA	AENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene U O E	5 4
(1)	A)		CEASED NAME FIRST GOLD	middle G,	Seibert	28. DATE OF DEATH MONTH D	YEAR 26. HOUR
ector, u	1	3. SE	x Jenule	white	5. DATE OF BIRTH MONTH DAY YEAR YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS
heral dir	174	- C	IRTHPLACE ISTATE OR FOREIGN OUNTRY) Jary land	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY Washington	OF DEATH MD
by the fu	179	10 C	tage is town	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET.	ADDRESS) HOSPITAL	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HAR ARCSER	126 KIND OF BUSINESS OR INDUSTRY Beauty
filled in	Thines m	USU 130	AL RESIDENCE IF NURSING HOMEO STATE 136, COU LRY and Was	ROTHER INSTITUTION, GIVE RESIDENCE REFORE NTY 131, CITY OR TOW LINGTON HAGEISTO	N 134 INSIDE CITY LIMITS?	13. STREET ADDRESS 54 E. FRANK	clin St.
completely		14. F/	ATHER'S NAME RUDOIPH	MODIE BECK	15 MOTHER'S MAIDEN N	WIDDLE	Modifie
an and co	t, the		WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SECU 220 30	9082 Jane L.	Seibert Rud	
ng physicia	removal.		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), one ED BY TE CAUSE (a)	rioserenotic Hea	et Disasse	BETWEEN ONSET AND DEATH
attendin	emation, or		4140 Canditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF		
d by the	ial, crem ry, or oth		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF		
en signe	any inju	NO.		conditions contributing to		RMINAL DISEASE OR CONDITION GIVE	EN IN PART 1(a)
). ate has b	8 shows	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?
physiciar s certific al-transit	or Item 1		21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A.M. MONTH DA		JRRED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART 1 OR PART 2)
After this the buri	h and M	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ECTOR:	of Healt		220 L certify that (I) (this hasp saw the deceased alive at	ital) attended the deceased fram	, 19, and that in (my) (our) aprinia	n death accurred an the date and haur	nd fram the causes stated
the hosp	are Dept.		22b. SIGNATURE	Jendoula	DEGREE REL GE WED ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 2-20 - 80
ained by	With the Sta		224. PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS		
BP	× 2	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23-80 K	NAME OF CEMETERY OR CREMATORY	123d LOCATION CITY OF THE ERSTO	COUNTY MODE
	-16 25M 5, 4) 1/79	24 F	UNERAL DIRECTOR	INNICH HOPE	To rolling 9	ATE DEC'D. BY REGISTRAR 256. REGISTE	RAR'S SIGNATURE



	1	STATE REGISTRAR		6007		CERTIF	ICATE OF DEATH	REG. N	0.		
)	I. DE	OR PRINT) Bet	ılah	_	uise		AST	February 2		YEAR	26. HOUR
2	3. SE	emale		white		5. DATE C		6. AGE IN YEARS LAST BIR	THDAY] IF L	INDER I YEAR	HOURS
o te de la constante de la con	. 0	RTHPLACE (STATE OR FO	DREIGN 7	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIORCED DIORCED	BALTIMORE CITY O		DEATH	
St be no	Н	TY OR TOWN OF DEA agerstown		Washi	ngton Cou	anty	ROTHER INSTITUTION Hospital	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) IND boiler maker helper		IZE KIND O INDUSTRY Er ra	ilroac
ompletely filled and 2 should be dical examiner		al residence (# nurs state ryland	136 COUN	hington	13c CITY OR TOWI	N	134 INSIDE CITY LIMITS? YES 🖾 NO 🗌	13. STREET ADDRESS 506 Ridge	e Avenu	ıe	
		Theophilus					Mary	MIDDLE		LAST	
		VAS DECEASED EVER ES, NO OR UNKNOWN) NO	IN U.S. ARM (# YES, GIVE	MED FORCES? WAR OR DATES)	722-05-45		Mr.William T	. Shaw, Sr			
		PART I DEATH W	AS CAUSED	BY			ry Disease			BETWEEN C	NATE INTERVA
Shows any injury.	CERTIFICATION	19a DATE OF OPERAT	ION	1% CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFY IN	IG CAUSES	
or Item 18	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	OR PART 2)	
ter this certificate ha te burial-transit perm and Mental Hygiene rked or Item 18 sho		21d. INJURY OCCURR		21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARAL ETC.)	211 LOCATION	CITY OF TO	4/6/	COUNTY	STATE
markec	2	WHILE NOT WH	(A				3.42.				
tem 21 is markec	*	22a. I certify that (I) sow the decease obove, (I) (we) to	(this hospite d alive on_	Feb.	21 19	Feb.	18 19 80 dt that in (my) (Mor) apinion o	to Feb.	2] 19.	nd from the	causes state
ANT: If Item 21 is marked	×	220. I certify that (1) sow the decease obove, (1) (well-decease)	(this hospited dive on_	Feb.	21 19	Feb. 30on	DEGREE FOR ATTENDING OPHYSICIAN C		21	122c DATE	
IMPORTANT: If Item 21 is marked	*	22a. I certify that (1) sow the deceose obove, (1) (well-deceose obove, (2) (well-deceose obove, (3) (well-deceose obove, (4) (well-deceose obove, (5) (well-deceose obove, (6) (well-deceose obove,	(this hospited a live on a	Feb.	21 19	Feb. 30.on M.1	19 80 19 80 DEGREE for	to Feb. 3 death occurred on the d Dr. E.W.D. MEDICAL STA DIRECTOR PHYSIC	21 19, ote and hour ar ittoII FF CIAN []	122c DATE Feb.	signed 22,1
IMPORTANT: If Item 21 is marked	23e. E	22a. I certify that (1) sow the deceose obove, (1) (well-deceose obove, (2) (well-deceose obove, (3) (well-deceose obove, (4) (well-deceose obove, (5) (well-deceose obove, (6) (well-deceose obove,	(this hospited delive on the property of the p	PRINTE PRINTE Feb. 25	M.D.P.A 5,1980 Re	M.I	18 19 80 Id that in (my) (Mer) opinion of DEGREE FOT D.P.A ATTENDING PHYSICIAN [2]	to Feb. 3 death occurred on the d Dr. E.W.D. MEDICAL STA DIRECTOR PHYSIC	2]19. ote and hour and ittoII FF EIAN [] Hagers	Feb.	causes states SIGNED 22,1



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 28 DATE OF DEATH MONTH DECEASED NAME LAST 26 HOUR (TYPE OF PRINT) 9:33 Smith Annie Pearl 20,198 February A. IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR **BALTIMORE CITY OR COUNTY OF DEATH** Washington 17ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Own Home 13. STREET ADDRESS Rfd. 1 Box 123 Catherine Gaston REG. 1 Box 123 Mr. Leon W. Smith, Keedysville, Md. 21756 APPROXIMATE INTERVAL
METWEEN ONSET AND DEATH 6 months July, 1978 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE February 20, 10 80 , and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 2/20/80 PHYSICIAN X DIRECTOR PHYSICIAN 645 E. First St., Hagerstown, Md. Locust Grove, Wash. Co., Md. 250. DATE REC'D. BY REGISTRAR 250. REGIS KARE SIGN 24 FUNERAL DIRECTOR John H. Bast, Jr. Boonsboro, Md. 21713

STATE OF MARYLAND

DHMH-16 25M (VRA 15, 4) 1/79

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123 1. 84. 21755	mith. 13cm	e. Jeon W. E	0-16-2130	SS SS	07.0
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od). Co., Ha	voci st voce.	Çıs Ha∪ AVC	0 0810 h	2-21-30	File
	A decrease		10, 111. 21/11	t, dr. Boonubo	John H. Be

4 4 4 6 6

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENES
TRAR	CERTIFICATE OF DEATH

5

	FOR STATE REGISTRAR			EALTH AND MENTAL HY	GIENES O REG. NO.	5 4	5 /
ı	I. DECEASED NAME FIRST	MIDDLE		AST	TO DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
ı	Arth	ur F.	S	MITH	February 23,	1.980	345AM
1	3 SEX	4 RACE	5 DATE O		& AGE (IN YEARS LAST BIRTHOAY)	IF UNDER I YEAR	IF UNDER 24 HRS
ı	Male	White	Oct.	22, 1911	68 yrs	MONTHS DAYS	HOURS MIN
ı	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	OUNTRY?	_	I BALTIMORE CITY OF COUN		
	Illinois	U.S.A.	WIDOWE		Washington		MD.
1	Hagerstown	Washingt	on County	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING dock Worker		of Business or
)	USUAL RESIDENCE IN MURSING HOME OF 130. STATE 130. COL Maryland Wash	NTY 13c. CIT	IDENCE BEFORE ADMISSION) IY OR TOWN JETSTOWN	134. INSIDE CITY LIMITS? YES X NO []	13. STREET ADDRESS 502 Salem Avent	ue	
	Stephen	MIDDLE	mith	15. MOTHER'S MAIDENN FRIST Annie	AME	Sincla	air
1	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADDRESS		
l	no		4-09-6428	Mrs. Sondra	Shoemaker, Hage:		Maryland
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b)	CONSCOUENCE OF	shypen	na	10	yrs
	PART 2 OTHER SIGNIFICANT	enditions contributions	11 1	NOT RELATED TO THE JER	minal disease or condition of	acta	ulung
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1% CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	206 AUTOPSY? 206. IF YES NO	YES, WERE FINDIN TIFYING CAUSES YES [NGS USED OF DEATH?
		HOUR AM. ME	ONTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 1	8, PART 1 OR PART 2	
	OF CONTRIGUTING CAUSE OF DI IF EITHER, NOTIFY MEDICAL EXAMINE! 214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21# PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that 1) (this hasp saw the deceased alive a above, (1) (we) (did) (did n	2/22	19 <u>80</u> , or		n death occurred on the date and h	nour and from the	
	Kolt, V.L.	Campk	2000	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE 2/	25/8C
	1236 PHYSICIAN'S NAME ITYPE	LCAINIF	bell	220 ADDRESS Na	genston	n ma	
	230 BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	-STATE -
1	Burial	Feb. 26,19	801 Broadf	ording Cemete	ery Hagerstown, V	vash., Ma	arviand

DHMH-16 25M (VRA 15, 4) 1/79

BP

415 E. Wilson Blvd., Hagerstown, Maryland 21740

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
FR 2 8 1980 Finitres Malredy

The faither Emplyadoma 10 645 continued the Mantdewing Endline Faither Rest. VILCAMPBELL HOSENSTEUN WIT 2/25/2

Comments College - Land College French washing the adult of the TOWN OF THE ROLL OF WINGING

1	STATE				EALTH AND MENTA		0 5	4 3	1
	REGISTRAR				R'S CERTIFICATE	OFDEATH	REG. NO.		
	ECEASED NAME	FIRST	M	IDDLE	LAST	2a. DATE KNO	OWN _ MONTH	DAY YEAR	26 HO
		Char	les	Ronald	Stafford, .		TED 2	12 1980	8
3. S	EX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEAR	S IF UNDER 1 YR. IF UNI	DER 24 HRS. 2c. DATE	MONTH	DAY YEAR	2d. HŌ
1	Male	Cau	Dec.18, 1		MOINTING DATS HOURS	MIN PRONOUNCED	,	12 1980	9:
7a.	BIRTHPLACE (ST		76. CITIZEN OF WHAT	COUNTRY?		9. BALTIMORE	CITY OR COUN	ITY OF DEATH	P
1	foreign country) Maryland		U.S.A.		MARRIED NEVER MA	ORCED Washi	ington		
	CITY OR TOWN				OR OTHER INSTITUTION	120 USUAL OCCUPATI	_	1126 KIND OF BUS	INESS
	Cascade		FIF NOT IN SUCH FACILIT	ington Co.		FOR MOST OF WORKING	LIFE)	OR INDUSTRY	Y
		IF IN NURSING HOME		ESIDENCE BEFORE ADMISSION		Carpenter	•	Constru	cti
13a.	STATE	13b GOUNT	Y	3c. CITY OR TOWN	13d. INSIDE CITY LIMIT	13e STREET ADDRESS			
_	laryland	Frede	rick	Frederick	YES X NO	_	th Stree	et	
14.1	Charles		nald	LASI	15. MOTHER'S MA	MIDDLE		LAST	
				Stafford,		E.	To	ownson	
160	WAS DECEASED	EVER IN U.S. ARM	ED FORCES?	66 SOCIAL SECURITY	NO. 17. INFORMANT	A	DDRESS F	rederick	. M
1	No	, , , , , , , , , , , , , , , , , , , ,	XXXXXXX	212-68-8499	Mr. Cha	rles R. Staff		2170	
	18 CAUSE O	F DEATH (Enter only	one couse per line for	(a), (b), and (c),)			014,011	APPROXIMATE IN	NTERVAL
	PART I DE	ATH WAS CAUSED	BY:		injury to he	ead N 854		min.	ND DEA
	1915	9 IMMEDIAT		A CONSEQUENCE OF		ad 1 034		- 1114	
1		if any, which		kull fracti		N 002			
		e to immediate stating the under-	(-)	A CONSEQUENCE OF		N 803		min.	
	lying cou								
	0.00.0000000000000000000000000000000000				le collison	E 816			
1 2	PAKI Z UTNEK SIG	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN I	PART 1 (a).			
CERTIFICATION	19g. DATE OF	OREDATION	Too and to the second						
2	140. DATE OF	OPERATION	196 CONDITIO	N FOR WHICH OPERA	TION WAS PERFORMED?			20. AUTOPSY?	
E									NO [
CE		L CAUSE WAS	21b. TIME OF IN HOUR A.M. M	JURY ONTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY I	HITEM 18 PART 1 OR PA	ART 2)	
S	CONTRIBUTING	OR G CAUSE OF D	EATH 8:20m.	2 12 1980	Truck hit	tree			
MEDICAL	21d. INJURY O		CIDECT FACTORY	NJURY (ATHOME,	21f. LOCATION STREET	CITY OR TOWN	7 2 - 3	DUNTY	STATE
2	AT WORK	NOT WHILE K	Rt 55		Rt 550			mit Wash.	
	- 11		-10-00					-	9 1
			of the remains describ				, ond in my or	pinion	
1	deoth resulte	ed from: Noture	ol couses , Ac	cident X, Suici	de 🔲 , Homicide 🗀		r L.		
	ACTUAL	1/11 . 1	05.11	0/	TITLE (SPECIFY		DATE	0.400.40	
	SIGNATURE_	Harred	KINET.	Y.	M.D. Asst.	MEDICAL EXAMINE	R SIGNI	ED 2/13/8	10
	EXAMINER'S	NAME							
	(TYPE OR PRIN	MI) Haro		ch, Jr., M.	D ADDRESS 1	88 E. Antieta	n St. Ha	gerstown.	MI
23a.	BURIAL, CREMAT	ION, REMOVAL 23	b. DATE	23c. NAME OF CEME	TERY OR CREMATORY	23d LOCATION		NTY STAT	re
	urial_	100	Feb.15,198	Resthave	n Mem. Garden	Frederic	k, Frede	rick, Md	
290	FINERAL DIRECT	FOR-	1/12/- 100	1 North Ma	rket St. 250. DA	TE LECEDE BY REGISTRAR 12	REGISTRAR'S	SIGNATURE CLE	ralu.
F	obert E	Dailey		derick.Md.				/	/
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FOR STATE

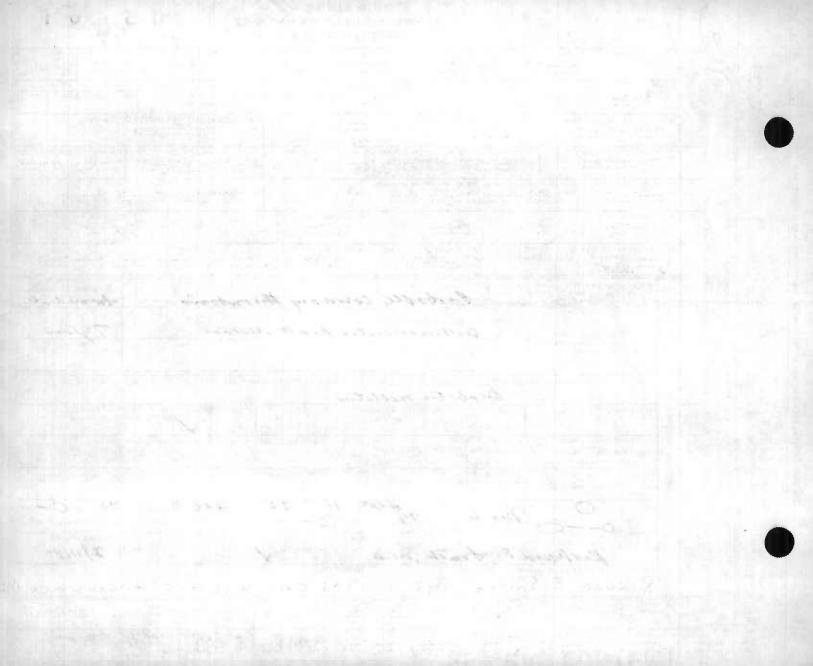
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5 6.0

		REGISTRAR		-679		-	TOATE OF DEA	***	REG. NO	D		
		CEASED NAME OR PRINT)	John		illiam		TEEN	2	Pebruar	монтн v 21.	1980	QLOD.
	3 SE:	x ale		RACE Whit	e	5. DATE C	OF BIRTH	YE AR	AGE (IN YEARS LAST BIRT	,	IF UNDER I YEAR	
5		RTHPLACE ISTATE OR FO		L. U.	S. A.	TRY? 8 MARRIE WIDOWE	D NEVER MAR	RIED A	Washing	_	Y OF DEATH	MD.
9	H	agerstown		Washi	ngton C	county H	ospital		In USUAL OCCUPATION TYPE OF WORK FOR MOST OF Labor	F WORKING L		of Business or
5	130 M	AL RESIDENCE (IF NURSI STATE aryland	13h COUNT		GIVE RESIDENCE	TOWN	13d. INSIDE CITY L		239 E.	Balti	more St	t.
G	14 FA	Walter	ŝ	DDLE	Stee		15 MOTHER'S MA	Marga:		F.		orotte
	No. W	VAS DECEASED EVER I YES, NO OR UNKNOWN)		MED FORCES?		9-5997	Mr. Eat	1 G. 1	Keller, Ha	å. 9 gerst	Box 161	1. 21740
2	CERTIFICATION	Conditions, if ony, gove rise to imm couse to, stoting underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT	lediate g the lost	DUE TO, O		EOUENCE OF	NOT RELATED TO		AL DISEASE OR CONI	20b. IE.YE	VEN IN PART 1 S, WERE FIND IFYING CAUSE	INGS USED
7	MEDICAL CERTIF	21g. ACCIDENT WAS UND OR CONTRIBUTING CC (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURR	AUSE OF DEATH	P. 21e PLACE	M. MONTH M.	19	211 LOCATION	Y OCCURRED	YES NO DO (ENTER NATURE OF INJUR	EY IN ITEM 18.	ES	NO
		270 certify that (I) sow the decease obove (II)(we) id 270 SIGNATURE 270 PHYSICIAN'S NA	(this hospited of older on the older of the older on the older old	view the body	-/2/	19 20,01	DECREE ATTE	NDING _	oth occurred on the do	F _		tho (1) (we) lost e couses stoted E SIGNED
	23a E	BURIAL, CREMATION, I	REMOVAL	23b DATE 2-23-			EMETERY OR CREA		23d LOCATION CITY OF TOWN Funkstown	ı, Wa	sh. Co.	STATE Md.
	24 FU	John H.	Bast,	Jr.	Boonsb	oro,Md.	21713	250. DATE R	EC'D. BY REGISTRAR		TRAR'S SIGNA	

1980 CB21 . 1 980 CB2		ma http://	Febr	
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rl D. Keller, Hagergasta, vi. 2)740		212-09-		
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Leay Panks one, Jan. 00, da.		20 - RES - 19		Ca Provide

(VRA 15, 4) 1/79



11-	FOR STATE REGISTRAR			S DEPARTMENT O DICAL EXAM		AND M	ENTAL	0		REG. I) 5	4	6	2
	CEASED NAME	FIRST		DONALD	ST	OCKSL/	AGER		OF	KNOWN ESTI- MATED	MONT	- 1	YEAR 80	25 HOUR 11:45 PM
3. SEX	ALE	RACE white	5. DATE OF BIRTH MONTH DAY Feb. 10,	1943 6. AGE (1 1943 37	YEARS IF UNTER THE	DER 1 YR.	IF UNDE	ER 24 HRS.	2c. DATE PRONOUN DEAD	ICED F	MONTH	H DAY	YEAR 19 80	12:35
Pe	RTHPLACE (STA PREIGN COUNTRY) ENNSYLVA	nia	76. CITIZEN OF WE	S.A	8 MARR WIDOV	IED 🛣 NE	VER MAR		9. BALTIM		OR COU SHIN		DEATH	MD.
E	ty or town o	0	(NOT IN SUCH FA		6	ier institu	TION	120. USU FOR /	MOST OF WOR	ration (T KING LIFE) rator		OR	ND OF BUS RINDUSTR CK Tr	Y
	TATE Md.	Tede	Υ	13c. CITY OR TOW Casca	N	13d. INSIDE (ITY LIMITS?	X 13e STR	Rt.	ss 1 Bo	x 15	8		
	THER'S NAME FIRST Donald		MIDDLE	Stockslag		F	Stel	DEN NAME 1a	M	IDDLE			Brow	n
16a. V	VAS DECEASED ES, NO, OR UNKNOW NO	EVER IN U.S. ARM		213-40-2		Mrs.		da C.	Stoc	ADDRE:		ascad	le, Md	1
NO	gave rise cause (a) s lying cause		(b) MA DUE TO, OR (c) MA	AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT OF THE CRU	LL FRA	CHEST	AND	BRAIN)	AGE;				
MEDICAL CERTIFICATION	19a. DATE OF C	PERATION		ION FOR WHICH O	PERATION W	AS PERFOR	MED?						UTOPSY?	NO 🕅
CAL CER		OR G CAUSE OF D	21b. TIME OF HOUR 5M	FEB. 26	EAR VE	OW INJURY	STRU	CK GU	ARDRA				UT	
MEDI	21d. INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK	STREET, FACT	OF INJURY (ATHOMI ORY, FARM, ETC.) ROAD RT.		CATION N STREET			AR CITY OR TO		WA	COUNTY SHIN	GTON,	STATE MD.
	death resulted ACTUAL SIGNATURE	dwarf	ol couses ,	Accident X,	Suicide	, Hamid	SPECIFY) PUTY 217	MED	Inquiry ermined mo ICALEXAN WASH WN , M,	INER	N ST	E FE	18. 2	7,1980
23a.B		ON, REMOVAL 23		23c. NAME OF		R CREMATO	ORY LY	23d. LC City Cit	OCATION ORTOWN ascad	e,Fre	deri			ATE
24. F	NAME Davis	Funeral	Home Smi	thsburg. N	0			MAR :	REGISTRA		GISTRAR"	SSIGNAT		dy

TOTAL CONTRACT OF THE PROPERTY THE FIGURE TO COLOR SELECTION OF THE PROPERTY the part of the late of Aut, and and the same THE REPORT OF THE PARTY AND ADDRESS OF THE PARTY. BOT MULTIPES OF BEHIND OF BUILDING YUN ANDREW T. S. LES C. AUG. WOLL T. SEPHERS! Die CO. HET. . . 17 TOTAL WAS IT. THE ACT OF THE PROPERTY OF THE P TEST TO IN THE IN THE IS Ministration and Their a control of the control of , ,

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1	FOR .	DEPARTMENT OF	HEALTH AND MENTAL HYGI	ENE A	100	9 6	3
1.	STATE REGISTRAR	MEDICAL EXAMIN	VER'S CERTIFICATE OF D	EATH REG. NO	D	, ,	4
	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN	X MONTH	OAY YEAR	26 HOUR
12	Murra	y BReese /	Stone	OF ESTI-	2 1	13 1980	4:30
d. S	X 4 RACE	S. DATE OF BIRTH 6. AGE (IN YI			MÖNTH	DAY YEAR	2d HOUR
4	Male W	June, 29, 1929 STARRIVE	RS. MONTHS DAYS HOURS MIN	PRONOUNCED DEAD	2	13 1980	4;39
-	SIRTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED XX NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	1
	West Virginia	U.S.A.	WIDOWED DIVORCED	_ 1 1/	on Cou	unty	MD.
0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM	E, OR OTHER INSTITUTION 12a	USUAL OCCUPATION (TYPE	E OF WORK 17	26 KIND OF BU OR INDUST	ISINESS
	Hagerstown	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington Count	ty Hospital Se	If-Emp. Hom	e Repa	air	
USL 13a.	STATE Carr	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	ION) 13d, INSIDE CITY LIMITS? 13e.	STREET ADDRESS			
_		oll Westminster	13d INSIDE CITY LIMITS? 13e. YES NO (A)	1106 Old We	stmins	ster Ro	ad
14. [ATHER'S NAME	Stone	15. MOTHER'S MAIDEN NA	MIDOLE	-	LAST	
	Bruce		R dna	Grace		acIntir	
160	WAS DECEASED EVER IN U.S. A YES, NO. OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	17. INFORMANT	1106001s tone Westmin	d West	minste	r Road
	Yes	MM TT	7.0 DIIZZEDECH D	COME MERCHIT	noter,		
	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUS	only one couse per line for (o), (b), and (c).) SED BY:			= = 1	APPROXIMATE BETWEEN ONSE	TAND DEATH
		ATE CAUSE (a) Cardlac arre				20min	
-	Conditions, if any, whi	DUE TO, OR AS A CONSEQUENCE					
ľ	gove rise to immedia	te (b) FIULCIPLE IF	aumatic injuries (internal) N	869	19 da	R
	lying couse lost.	- Society of the A contradence				100	
		(c) Motor vehic		E 812		19 da	У
z	PAKE Z DENEK SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)				
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPE	PATION WAS PERFORMED?			20. AUTOPSY	
5		The Condition of the William of the	KATION WASTERIORMED:				100
E	21g. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (EN	TED NATURE OF INTURY IN ITEM 19.1	DARY I OR DARY	YES 1	NO 🗆
	UNDERLYING OR CONTRIBUTING CAUSE C		R		- TORPARI	•1	
MEDICAL	CONTRIBUTING J CAUSE C	F DEATH P.M. 1 25 1980 21e. PLACE OF INJURY (AT HOME,	Automobile Acc	ident			
ME	WHILE AT WORK AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUN		STATE
	AT WORK AT WORK	x Highway	Sideling Hill,	Hancock	WA.		Md.
	22a. I certify that I took cho	orge of the remains described above, held an	Autopsy , Inspection	, Inquiry , on	d in my opin	nion	
	death resulted from: No	turol couses , Accident X, Si	vicide , Homicide , Un	determined manner .			
	11		TITLE (SPECIFY)				
	SIGNATURE HOUSE	all witch you	M.D Assist _A	MEDICAL EXAMINER	DATE SIGNED	2/14/8	30
	EYAMINED'S NAME TIATO	OID D TRITTOU IN NO				201	
	(TYPE OR PRINT) HAR	OLD R. TRITCH, Jr., M.D		ntietam St., H			
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CE	METERY OR CREMATORY 23d	LOCATION CITYOR TOWN Sykesville,	COUNT	Y ST	ATE
	Burial	Feb. 18,1980 Lake Vi					•
24.	FUNERAL DIRECTOR	ADDRESS	250. DATE REC'D	BY REGISTRAR 25b. REOL	STRAR'S SIC	SNATURE	
	My Zehlen	Owings Mills,	Md. FEB 1	9 1300 1	11/1	Kebrook	1

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FOR - STATE

DHMH-16 25M

REGISTRAR

Washington 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR Ret. Postal Clerk None 13. STREET ADDRESS Md. Odd Fellows Home North Market Street Magdalene Pearl ADDRESS Md. Odd Fellows Home Mr. Frank Adams, Jr. Frederick, Md. APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WEATHD TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF Feb. 23, 1980 11 Sheridan Dr., Williamsport, Md. Thurmont, Frederick, Md. 258, DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE 615 East Main Street (VRA 15, 4) 1/79 Robert E. Dailey FFR 2 9 Thurmont, Md. 21788

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

2h. HOUR

HOURS

IF UNDER 24 HRS

1980

IF UNDER I YEAR

23, 1980 1422	TESTIFICAT.			
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and The Hotel Inc.	n lada la	osah Jakra	ಕ್ಕಾರ್ಣ ಕ್ಷಮಾನ್ಯ ಕ್ಷಮಾನ್ಯ	ottonBridge
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	meridan Dr., Wi			
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y			1.	FOR STATE REGISTRAR	DE	ST∲TE OF MARYLAND PARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	AL HYGIENE O H REG. NO	05465	
	m s			CEASED NAME FIRST OR PRINTS	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR	
	oy be rage 3 death			Theo			Februar		15M
	E		3. SE		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24	MIN
	Poge dark)= [-]		Female	White		897 83	YRS.	
	E 25	Ouge	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COL	MARRIED NEVER MARRI	ED 📙	R COUNTY OF DEATH	
	ner death.	57		lashington	U.S.A.	WIDOWED NORCE		gton County	MD
	by the	90	На	agerstown	Avalon Mai	NURSING HOME OR OTHER INSTITUTE VE STREET ADDRESS) NOT NURSING HOM	e Housewi	F WORKING LIFET INDUSTRY	SOR
	filled in	ag 25	USU. 33a. S Ma	AL RESIDENCE (IF NURSING HOME ITATE 136 COL	or other institution, give residen UNTY 134 CITY C Shington H	CE BEFORE ADMISSION) OR TOWN 13d INSIDE CITY LIA AGENSTOWNES NO	MITS? 13e STREET ADDRESS	Hollywood Road	
	rthin 2 sh	nine	14. FA	THER'S NAME	WIDDLE	15 MOTHER'S MAIL	DEN NAME	LAST	
	mple ond	\$211	TX	John	C. Le		unknown		
	e execut	medico	16a V	VAS DECEASED EVER IN U.S. A (IF YES, GI	DVE IMAD OR DATEST	al security no. 17 informant 09–2314 Paulin		98 Hollywood Roagerstown, MD	oad
	sicior pers.	t)						APPROXIMATE INTERVA	AL EATH
	phys n p p p	vent			only one couse per line for (0), SED BY ATE CAUSE (a) GE W.	ERALIZED AR	TERIOSCLERO	SIS LONG STAN	
	ding or re	otic e		4419	DUE TO, OR AS A CON				
	deoth ottendi	onm		Conditions, if any, which	(1b)_	102002110201			7
	by the ose remo	other tr		gave rise to immediate cause (0), stating the underlying cause last	DUE TO, OR AS A CON	NSEQUENCE OF			
	gned on ple	y, o.		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110	
	equi n sig Ther	5	O	MALIGN.	ANCY OF R	LIGHT BREAST			
	on. hos bee t permit.	huo sma	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO	1?
	og physici gertificote riol-tronsi	8 7	CER	210. ACCIDENT WAS UNDERLYING		TH DAY YEAR 21c. HOW INJURY	OCCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
	g pl g pl ertif riol-t	E /	CAL	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	CAIN	19			
	PHYS endir this he bu	rked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOV	VN COUNTY STA	TE
	ATTENDING ospital or attended for use os the total of Health of Health o	E S		22a.1 certify that (1) (this hos	pital) attended the deceased		72 to 1/1	5 , 19 80 , that (I) (w	e) last
	pitol TOF for to	211		sow the deceased alive a abave, (1) (we) Landin Hald n	nat) view the bady after death	19, ond that in (my) (our)	opinion death occurred an the do	ate and hour and fram the couses state	ed
	유 수 중 수 요	Te H		226. SIGNATUS		DEGREE		220. DATE SIGNED	100
	4 4 4 5	± 	/	/ Ceua	ums	Mc D ATTEN	CIAN DIRECTOR PHYSIC	TIAN [] 2/5/80	
	HOSPITAL (ined by the FUNERAL I hthe Stote I	A I		221 PHYSICIAN'S NAME (TYPE	OR PRINT!	220. ADDRESS	7 KING S		
	retained by TO FUNERA should be de	g / (IC. A MAI	121660	HAGE	2570WN 1	UD 21740	
	75 543	≤	23a E	URIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREM	CITY OR TOWN	COUNTY STATE	E
	BP	-		Burial	2_7_80	Rest Haven Ce		rstown Wash.	MD
D	HMH - 16 50M 1/76	3	24 FL	INERAL DIRECTOR	ADD	RESS		25b. REGISTINES, SIGNATURE	
	(VR A 15 (4))		Re	est Haven Fu	neral Chape.	l Hagerstown,	MD	/	1

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DHMH-16 25M (VRA 15, 4) 1/79

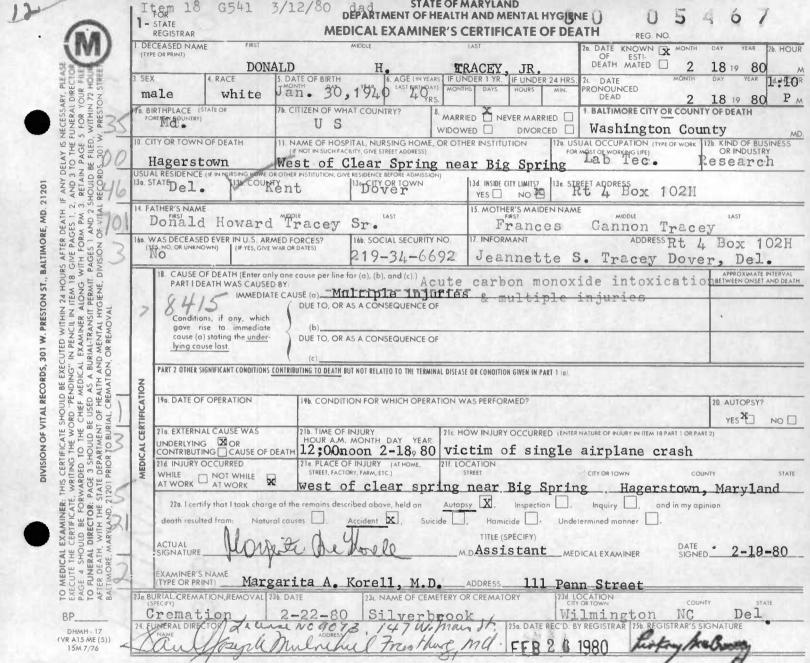
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

1	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		0 5	mig (6 4
	I DECEASED NAME FIRS	MiDDU		AST	REG. N		YEAR	2b. HOUR
	(11YPE OR PRINT)	hel M	arv	PAYLOR	February	18. 19	80	5:30 M
ı	3 SEX	4 RACE	5 DATE C	OF BIRTH	6. AGE JIN YEARS LAST BE	RTHDAY) IF UN	DER TYEAR	# UNDER 24 HRS
	Female	White	Nov.		84	YRS.	HS OAYS	HOURS MIN
1	TR. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH	MI MI
9	Clearfield, Pa		WIDOWE	DIVORCED	Washin	gton		MD.
Ó	Boonsboro	I IF NOT IN SUCH FAC	PITAL, NURSING HOME C ILITY, GIVE STREET ADDRESS) Memorial	Home	TYPE OF MOUSEWILL		NOWNY	Home
1	USUAL RESIDENCE (IF NURSING HO 138 STATE 136 C Maryland W		RESIDENCE REFORE ADMISSIONS CITY OR TOWN	134 INSIDE CITY LIMITS?	13n STREET ADDRESS	Box 365		
	14 FATHER'S NAME	abiting out D	mer posur 6	15 MOTHER'S MAIDEN N		DOX JOJ		
0	Lemmuel	MIDDLE	Mellott	^{'*st} Sadie			Unkno	wn
		S, GIVE WAR OR DATES!	SOCIAL SECURITY NO	17 INFORMANT			Box 3	
	No	12	13-42-2012	Mrs. Eva I.	Williams,	Sharpsb	urg,	Md. 2178 MATE INTERVAL PRISET AND DEATH
	Conditions, if any, whice gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS be c DUE TO, OR AS COLUMN TO, OR AS COLUMN TO, OR AS	A CONSEQUENCE OF	tensor	Deutre l Minayoisease or con	es	y ye	eara
7	190 DATE OF OPERATION	196 CONDITION	N FOR WHICH OPERATION	N WAS PERFORMED	Z06 AUTOPSY?	206. IF YES, WE IN CERTIFYING	G CAUSES	
7		OF DEATH HOUR A.M.	MONTH DAY YEAR	ZIC HOW INJURY OCCU				NO U
	OR CONTRIBUTING CAUSE C (FEITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21a PLACE OF IN (AT HOME, STREET, F.	NJURY ACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	IWN C	COUNTY	STATE
	220.1 certify that (1) (this saw the deceased almobave, (1) (we) (did) (d	7 1.1	19 80 or	19 78 id that in (my) (our) opinion	, 10			that (I) (we) lost couses stated
	226. SIGNATURE	eren W		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN 🗌	270. DATE S 2-19	
1	CHARLES R	WIERER,	MD	Box 173,	Myersville	e, Md.,	217	73
	230 BURIAL, CREMATION, REMO	236. DATE 2-21-80		emetery or crematory sville Cemete	Bakersv	ille, Wa	sh. C	o., si Md.
	24 FUNERAL DIRECTOR John H. Bas	t, Jr. Boo	nsboro, Md.	04.04.0	ATE REC'D. BY REGISTRAL	25b. REGISTRAR		Cready

	represent 18, 1	nounce	i Anele	Londa	
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	Reshington				. Derrice.
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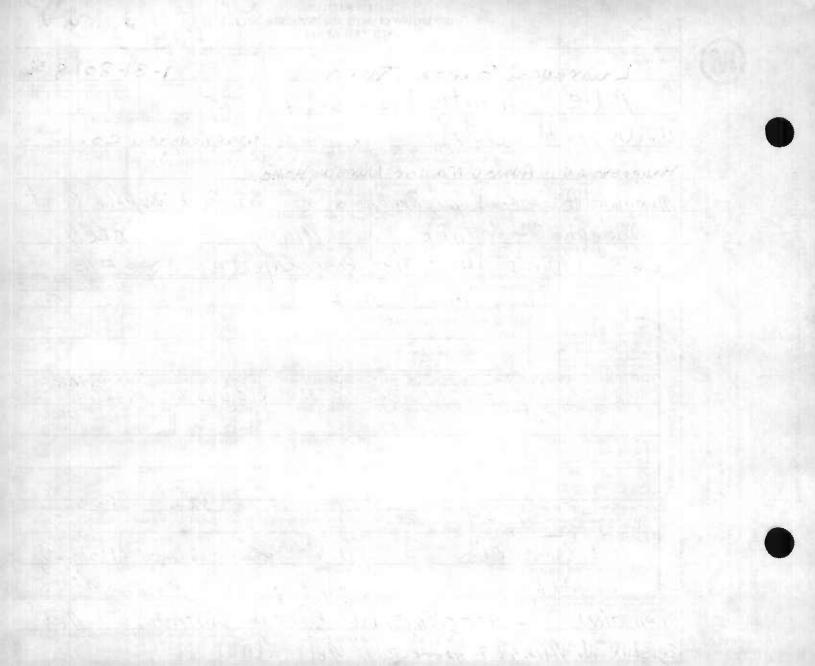
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(VR A 15 (4))

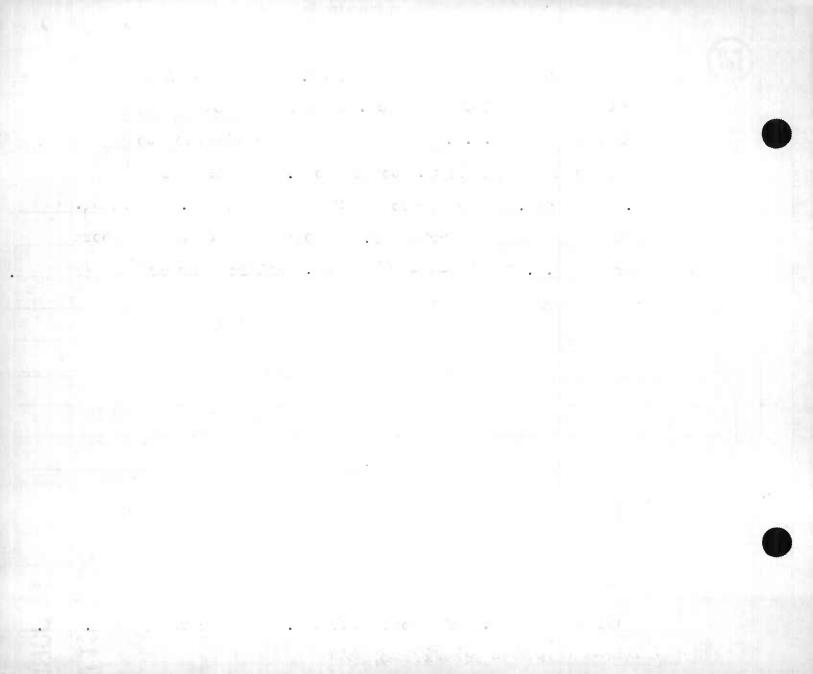
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Bearge C. Berman, II, ch.D. 1982 Bearly Ba., De - com, M. 2000

(VRA 15, 4) 1/79



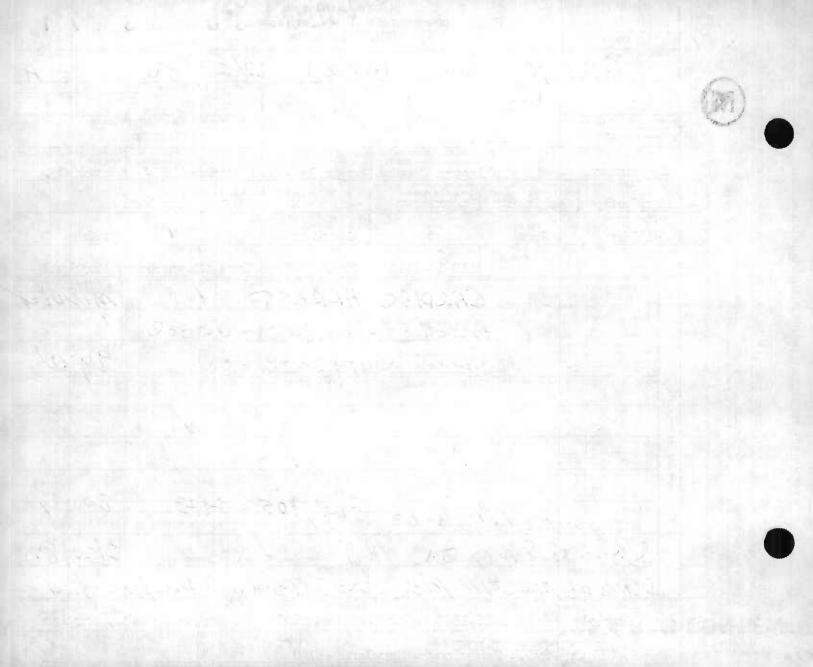
		FOR	DEDAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	curur A O I	1 5 4 7 0
	1	STATE REGISTRAR	DEFAR	CERTIFICATE OF DEATH	REG. NO.	, , , ,
A)		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONT	H DAY YEAR 26. HOUR
/	(177	Har	rv NMN	Turner Jr.	Feb 1	1980
	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Male	Black	Oct. 12 1918	61	MONTHS DAYS HOURS MIN
	7 a. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED TO NEVER MARRIED	1 BALTIMORE CITY OR CO	
		Maryland	U.S.A.	WIDOWED DIVORCED	Washington	County
79	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	17h, KIND OF BUSINESS OR
		Hagerstown	Washingto		Mechanic	
ost pe	130	AL RESIDENCE (IF NURSING HOME STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TO		13e. STREET ADDRESS	
			ash. Hager			ethel St.
6-1-1	14 F.	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME	LAST
411		Harry	NMN Turn	er Sr. Dora	Jane	Moore
1		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 160 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
1			.W. 2 214-16	-0044 Mrs. M	Ildred Turne	r 128 Bethel St
		18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b), o	nd icut		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAU	IATE CAUSE (D)	rollacarust.		15 min
		4149	DUE TO, OR AS A CONSEQU	IENCE OF 17	11.4	
		Conditions, if any, which		ntucular fre	rulation.	
		gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQU	IENCE OF	utlation.	
		underlying couse lost		renan artista	el desease	
		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NO RELATED TO THE TER	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(0)
	CERTIFICATION					
0	CAI	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
1	E E				YES NO	YES NO
9	Ü	21a. ACCIDENT WAS UNDERLYING		DAY YEAR	RRED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)
1	SAL	OR CONTRIBUTING CAUSE OF D	9-5-1111	19		
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
	2	AT WORK ON NOT WHILE O	(ATTIONE, STREET, PACTORY, OFFICE	, rann, EIC)	CIT OK TOWN	SIME
		22a I certify that (I) (this has	spital) attended the deceased from	, 19	, to	, 19, that (I) (we) lost
	ı	sow the deceased alive a	on		death accurred on the date or	nd hour and from the couses stated
		226. SIGNATURE	Mag	DEGREE		22c. DATE SIGNED
		In. 100.0	cant in	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	र्
1		224 PHYSICIAN'S NAME (TYPE	E OR PRINT	22e ADDRESS		
/		- M. Many	mis. M. MEAN	Y MD WCHER	HAGERSTON	N, MA
	23a.	BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	
		SPECIFY) Burial		Rose Hill Cem.	Hagerstow	county STATE
и	24. F	UNERFIL DIRECTOR	200		TE REC'D. BY REGISTRAR 256, R	
7B	1 2	Clennis X.	Wares smith	Sur md. FE	B 1 1 1980	intry Maland



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

8		FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENES ()	0 5	9/
e e e		DECEASED NAME PRIST	Woodro	DW WC	4	1ARD	2/23/8	ONTH DAY	YEAR 26 HOUR AN
	3	SEX	4 RACE		5 DATE C		& AGE (IN YEARS LAST BIRTHE		R 1 YEAR F UNDER 24 HRS
		male	white		Aug.	19, 1914	65	YRS.	DAYS HOURS MIN
25 3g	1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY OR Washin		ATH
by the fu	S	CITY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPIT IN NOT IN SUCH FACILITY Washing	ITY, GIVE STREET A	ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Mechanics	WORKING LIFE) IND	KIND OF BUSINESS OR DUSTRY
tely filled in by should be filed	5 13	SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COU Maryland Wash	NTY 136 C	esidence before lity or town gersto	ADMISSION)	138. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 221 Longvier		2007
mple md 2	0	William 3		Ward		Corrinae	WIDDIE		rsh
and co ages 1 a	164	WAS DECEASED EVER IN U.S. AL	E WAR OR DATES)	OCIAL SECUI		17 INFORMANT	ADDRES		
		no	[21]	7–10–3	191	Mrs. Adaline	e Ward, Hage:		
g physiciar n papers. P removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly ane cause per lusta ED BY TE CAUSE (a)	RDI	AC	BRRES!		1	APPROXIMATE INTERVAL BETWEEN ONSET AND BEATH
the attendin imove carbo emation, or other traum	1	Conditions, if any, which gave rise to immediate	DUE TO, SAS A	CONSEQUE RALO	2 CL	utre Hea	nt Disease	6	7
ed by the ease rem rial, cren		cause (a), stating the underlying cause last	DUE TO, ORAS	CONSECUT	TEST)	Hyperte	nelow		740
en signe Then plant or to but	200	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN F	ART 1(a)
cian. ficate has be nsit permit. Hygiene prig	Seriescarion	190 DATE OF OPERATION	1% CONDITION	FOR WHICH	OPERATIO	N WAS PERFORMED			FINDINGS USED CAUSES OF DEATH?
physician is certifica ial-transit lental Hyg or Item 11			ATH HOUR A.M. A		Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART I OR	PART 2)
After this the buring h and Menad on marked o	MEDICAL	216 IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJ		ARM, ETC (211 LOCATION STREET	CITY OR TOWN	cou	INTY STATE
CTOR: vor use as of Healti		270 I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (glid) (did n	1 / 1 600) h		d that in (my) (gur) apinian	death occurred on the date	and hour and fr	that (I) (ye) last
y the hosping RAL DIRE detached for tate Dept.		Doubl	EMai	lun	/h	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	IN []	123/80
retained by the TO FUNERA should be determined by the State with the State IMPORTAN		DOWALDE/	MARTHN	me	7	23 S Clev	eland te	2 Horac	i hid
BP		Burial Cremation, Remova Burial				emetery or crematory awn Memorial	134 LOCATION CITY OR TOWN Hagerstown		
DHMH-16 25M (VRA 15, 4) 1/79		FUNERAL DIRECTOR NAME MINNICH 1 415 E. WILSON B	TUNERAL HOME	EADDRESS stown,	Mary	land 21740	REC'D. BY REGISTRAR 25	A RECOSTRAR'S S	Martine

STATE OF MARYLAND



	FOR STATE REGISTRA
(V)	1. DECEASED NA

and 2 sh

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	٥.		
	ECEASED NAME FIRST		DDIE		AST	20 DATE OF DEATH	HINOM	DAY YEAR	2b HOUR
	Claire	Evelyn	Warne	r		February	27,	1980	м
3. S	EX	4 RACE		5. DATE (6 AGE JIN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	White		Aug	. 14, 1900	79	YRS	MONTHS DAYS	HOURS MIN
.7a 8	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
	Mass.	USA		WIDOW		Washingt	on		MD
10 (CITY OR TOWN OF DEATH		DSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST O			F BUSINESS OR
	Hagerstown	Washim	gton Co	. Ho	spital	housewif	e	hom	18
6 3a	JAL RESIDENCE HE NURSING HOME OF STATE 136 COU	nother institution of hington	IVE RESIDENCE BEFORE A 31 CITY OR TOWN Hagerst	DWIN	134 INSIDE CITY LIMITS? YES \(\bigcup \text{NO } \bigcup \chi \)	13. STREET ADDRESS 965 Pres	ton	Road	
14 F	Frank Mica	h Pra	t t		15 MOTHER'S MAIDEN NAME Ella Ce	lestia MIDDLE	Gort	LA!	67
160	WAS DECEASED EVER IN U.S. A		6b SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDRE		,017	
	(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)			h	arner se	e #	13	
-	18 CAUSE OF DEATH (Enter o	nly one couse per li						APPROX	MATE INTERVAL ONSET AND DEATH
TION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last PART 2 OTHER SIGNIFICANT	(c) CONDITIONS <u>CO</u> M		EATH BUT					
CERTIFICATION	19a DATE OF OPERATION	196 CONDITI	ION FOR WHICH C	PERATIC	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDII IFYING CAUSES (ES []	
	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE		MONTH DAY	YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18	PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	F INJURY ET, FACTORY, OFFICE, FAI	RM, ETC.)	21f LOCATION STREET	CITY OR TOW	VN	COUNTY	STATE
	220.1 certify that (I) (this hosp				nd that in (my) (our) opinion d	, to	ate and he		that (I) (we) lost
	Cuin	OR PRINT]	fter death	ms)	DEGREE ATTENDING	AFOICAL STAP	FF	22c. DATE	
23a.	BURIAL, CREMATION, REMOVA (SPECIFIC PEMATION)	236. DATE 3-1-80			EMETERY OR CREMATORY buro Cremat	23d LOCATION CITY ORTOWN	Shir	COUNTY	STATE

BP. DHMH - 16 50M 1/76

TO FUNERAL DIRECTOR: After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remains with the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If them 21 is marked or them 18 shows any injury, or other trainm

24 FUNERAL DIRECTOR
Gerald N. Ν. (VR A 15 (4))

Minnich

305 N. Potomac St. 1250 DATE REC'D. Hagerstown, Maryland

amatory Smithsburg, Maryland
1250. DATE REC'D. BY REGISTRAR 1256. Egypt Ar's SICHATURE

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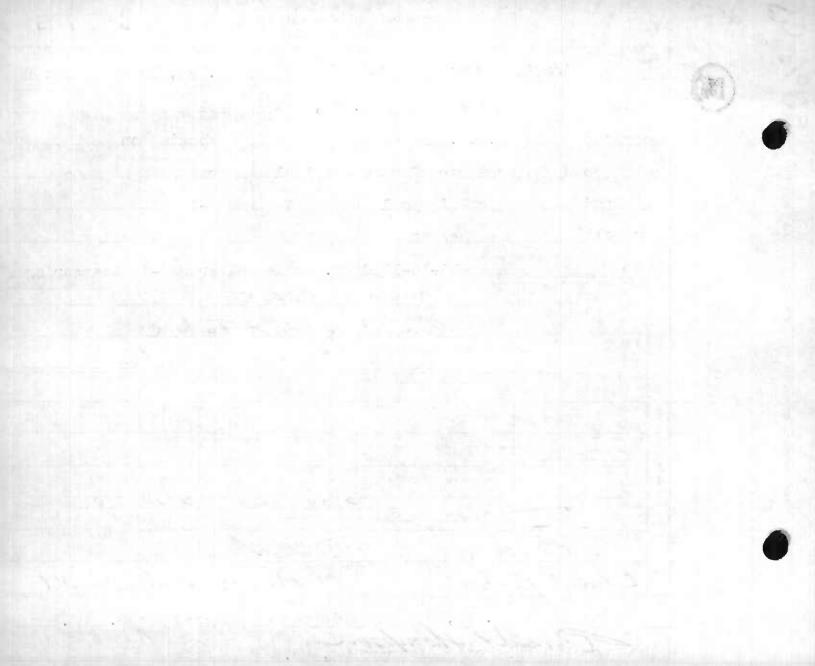
			STATE OF MARYLAND		come the said
1		DEPARTA	NENT OF HEALTH AND MENTAL HYPER CERTIFICATE OF DEATH		5 4 / 3
1 00		MATORIA E	LACT		DAY YEAR 25 HOUR
			1 1 4 1	Feb .	4 1900 (004)
3 SE		4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	Male	White	2-3-42	38 YRS.	MONTHS DAYS HOURS MIN
7e. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1	naryland	USA	WIDOWED DIVORCED	Washington	/ MI
10 C	ITY OR TOWN OF DEATH			12e USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING L	12h. KIND OF BUSINESS OR
H	26erstown	Washington a	a. Hospital	labor Relation	IS Mack Truck
130	STATE 13 COUN	131 CITY OR TOW	N 134 INSIDE CITY LIMITS?	130 STREET ADDRESS	meadow Re
14 F.	ATHER'S NAME			AME	
	Joseph Vivee	ent Wasilius	SR. Vivian	V - De	oucherty
16a Y	WAS DECEASED EVER IN U.S. AR.	WAR OR DATEST	1 1 1	ADDRESS	
L	NO	213 40 4	920 MRS. LINDA	L L. Wasilius	See # 13
	18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and	dies		BETWEEN ONSET AND DEATH
		H 10-	lic tailuve		1 week
	57/2	/			-
	Conditions, if any, which	(b) Laet	inec's Cirrhi	0111	3 years
	cause (a), stating the underlying cause last		- 41/1	ism	years
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			VEN IN PART YOU
ğ	Kenal F	ailure (hepa			
FICA	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCERT	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
1 2	21. ACCIDENT WAS UNIDERWING F	2 1h TIME OF INTITION	111 HOW INTERNOCEU		ES NO
			Y YEAR	TRACE TENTER NATURE OF HISTORY IN TIEM 15.	PART I OKTARI 2)
WEDI	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
	22s I certify that (I) (this bespi		4-20,1972		. 19, that (I) (we) last
	saw the deceased alive an above, (1) (we) (did) (did no	1) view the body after death.	, and that in (my) (our) apinion	n death occurred an the date and ho	ur and from the causes stated
	77% SIGNATURE	breven 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	2-4-80
1	THE PHYSICIAN'S NAME INTO	PRINTS	22e ADDRESS		
	/				
23a		236. DATE 23c P	AME OF CEMETERY OR CREMATORY	236 LOCATION	COUNTY 4 . STATE
	SURIAL	2-6-80 R		By Haberstown	MARYLAND
24. F	UNERAL DIRECTOR	305 ADD ASS	1010114C 01	0	TRAR'S SIGNATURE
O	erald Nillin	INICH Habers	STOUIN, Mait	R 8 1080 min	my/Kalready
	1 DEDICAL CERTIFICATION 19 C 13 C	THE PART OF OPERATION I DECEASED NAME FRIST TOPE OR PRINT) JOSC SEX MALC 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARY AND 10 CITY OR TOWN OF DEATH HAGE STATE 11. COUNTRY USUAL RESIDENCE (# NURSING HOMEON 12. STATE 13. COUNTRY 14. FATHER'S NAME FIRST JOSCON 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying couse lost PART 2 OTHER SIGNIFICANT O Chal 19. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COUSE OF DEA (IF EITHER, NOTHY MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE NOTWHILE AT WORK 216. INJURY OCCURRED WHILE NOTWHILE AT WORK 216. INJURY OCCURRED WHILE NOTWHILE AT WORK 216. INJURY OCCURRED WHILE NOTWHILE THE PHYSICIAN'S NAME THE P	1 - STATE REGISTRAR 1 DECEASED NAME TOSCOM	TO SCEASED NAME THE BIRTHPLACE ISTATE OF FOREIGN COUNTRY THE CALVE AND ALL CELLS THE CITY OF TOWN OF DEATH THE CITY OF TOWN THE CITY OF	TO STATE REGISTRAR CERTIFICATE OF DEATH REGISTRAR CERTIFICATE OF DEATH REGISTRAR CERTIFICATE OF DEATH REGISTRAR CERTIFICATE OF DEATH REGISTRAR RAGE PASK R

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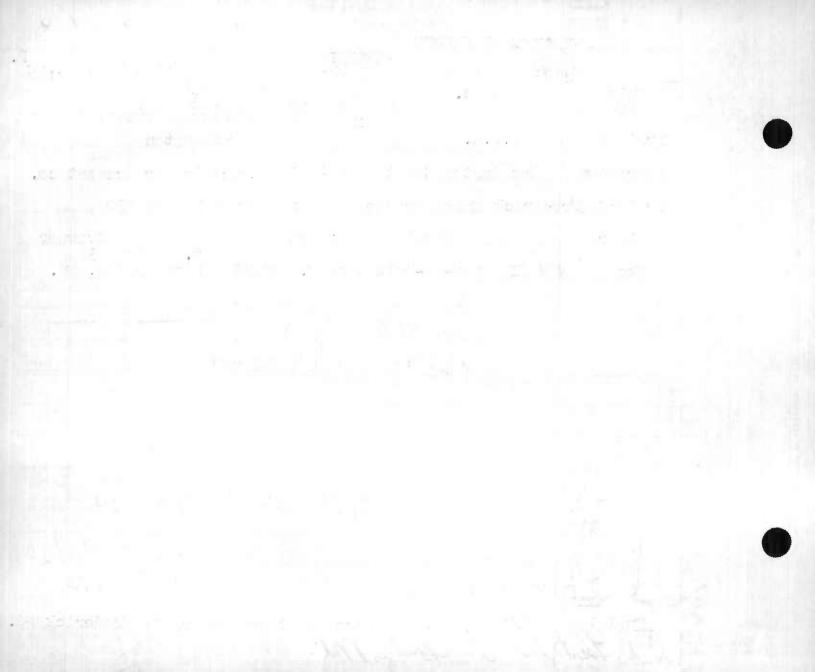
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE 2n DATE OF DEATH 2h HOUR (TYPE OR PRINT) Marz Vesta AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE IF UNDER LYFAR MONTH DAYS Female White 917 ATTE. TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Marvland DIVORCED WIDOWED Washington IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! INDUSTRY Hagerstown Washington County DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Hospita Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13r CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Washington arvland Poo YES [RED_1 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST ANIDDLE Russel Weller Kellev Marv ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) LIEYES GIVE WAR OR DATES) No 213-16-1190 Mr. Wayne Weller RED_1 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY BETWEEN ONSET AND DEAT ARDIAC IMMEDIATE CAUSE (a Conditions, if ony, which gave rise to immediate couse (0), stating underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? pe NOF YES NO F 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ento MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 211 LOCATION ž 71d INJURY OCCURRED 21e PLACE OF INJURY 0 CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE [AT WORK 22a.1 certify that (1)_1this haspital) attended the deceased from, 5 24 19 **SO**, and that in (my) (our) opinion death occurred an the date and hour and from the couses stated saw the deceased alive on_ obove, (1) (we) (did) (did) wiew the bady after death 22c. DATE SIGNED 22b. SIGNATURE DEGREE. ATTENDING STAFF -PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS the the 0 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE Burial CITY OR TOWN STATE Stone Bridge Hancock Wash. 75e DATE REC'D. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) Funeral Home Clearanring



STATE OF MARYLAND

FOR

(VRA 15, 4) 7/78



(TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deditif Page 4 may be

TO HOSPITAL

		FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 8) O	5 4	77
m 5	- 11	I DECEASED NAME	FIRST	۸	AIDDLE	l	AST	1.5		DAY YEAR	2h HOUR
18			Fannie		avis		WHIPP		uary 19,	1980	11:20
(M)		Female	1	RACE Whit	e	5. DATE O		6 AGE IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
n 72 h	35	76. BIRTHPLACE (STATE OF Mary Land	DR FOREIGN 7h	U.S	•A •	MARRIE WIDOWE	D NEVER MARRIED D	7-71-	ington	OF DEATH	MD.
by the fur filed with	90	Boonsbo		(IF NOT IN SUC	OSPITAL, NURSIN HEACHITY, GIVE STREET L'S Memo	IG HOME C	OR OTHER INSTITUTION HOME	120 USUAL OC	CCUPATION OR MOST OF WORKING LIF 10 Maker		F BUSINESS OR
5 5 5	35	USUAL RESIDENCE (#) 130 STATE Maryland	URSING HOME OR OF	rick	GIVE RESIDENCE REFORM 13c. CITY OR TOW AC A TILS TOY	E ADMISSION)	134 INSIDE CITY LIMITS?	13. STREET AF	opress (Plea	santvie	w Road)
sh s	90	14 FATHER'S NAME	liam "A	lfred	Davis		15. MOTHER'S MAIDEN N	cca	MIDDLE	'A	oontz
Poges 1	ス	(YES, NO OR UNKNOWN)		D FORCES? AR OR DATES) OTIC	166 SOCIAL SECU 212-50-90		William Talb	ott.	Harp Plac		ed 21773
rigated by the attending physical polysical polysical polysical cremation, or remaining seen.		PART 2 OTHER S	immediate ating the use lost.	DUE TO, OF	R AS A CONSEQUE	ENCE OF	ASVD.	0//	or condition giv	ho EN IN PART 10	w.
ician. Ite has been not permit rigione prior	2	19a DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOP	IN CERTIF	S, WERE FINDING CAUSES	
physicial physic	G	00.000,170,0,170,0	CAUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCU	RRED (ENTERNATU	RE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)	
offer this of the burning the	/	214 INJURY OCC		21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	-	21f LOCATION STREET		TITY OR TOWN	COUNTY	STATE
Pitol or TOR A for use of Healt		220.1 certify that saw the deci	(I) (this hospital		19	June 	nd that in (my) (aur) apinio	, to Feb			that (I) (we) last causes stated
y the hos RAL DIREC detached tote Dept		226 SIGNATURE	ne n	10 00	(W)		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	22c. DATE	SIGNED
retained by the retained by the retained by the should be defined by the state with the State with the State.		22d. PHYSICIAN'S	NAME (TYPE OR PI		M.D.		22. ADDRESS 11 Sherid			nsport	, Md.
BP		23. BURIAL, CREMATIC		23b. DATE	23c h	NAME OF C	EMETERY OR CREMATORY Livet Cemetery	23d. LOCAT	· · · · · · · · · · · · · · · · · · ·		
DHMH-16 20 (VRA 15, 4) 7,		24 FUNERAL DIRECTOR Smrth, F 106 East	ade ley,	Keeney	, Bassfor	d Fundick.	eral Home	TERECID. BY REC	SISTRAR 256 RECIET	MARS SIGNAL	Marchy

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral directional defeatorhed for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 hour with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is marked or Item 18 shows any

1 - ST.			DEPARTMENT OF F	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	4/8
	SED NAME FIRST	MIDDL	lE I	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
(TYPE OR PE		LL Snowd	en WHI	TACRE	2.24	-80 730
3. SEX		4 RACE	5 DATE C	OF BIRTH		UNDER 1 YEAR IF UNDER 24 HI
			June		85 YRS.	THS DAYS HOURS MI
7e BIRTHI	PLACE ISTATE OR FOREIGN	White Th CITIZEN OF WHA	AT COUNTRY? 8	17 1054	9 BALTIMORE CITY OR COUNTY OF	FDEATH
COUNT		***		D NEVER MARRIED	WASHINGT	-0 ml
	ginia OR TOWN OF DEATH	USA 11 NAME OF HOS	PITAL, NURSING HOME O	79-41	120 USUAL OCCUPATION	12b. KIND OF BUSINESS
is a a	000-01-1		CILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
PAC	EKSTOWN	HUAL	-OW-MAR	300	Labor	Manuf
13a. STAT	ESIDENCE (IF NURSING HOME OR E 13b COUN		CITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	
Mary	land Wash	ington H	agerstown	YES # NO	Clyde Plotner 448	Jefferson
14. FATHE	R'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	ME	LAST
Geor			Whitacre	Clara	Unknown	Orandoff
16e WAS	DECEASED EVER IN U.S. AR	MED FORCES? 16h	SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	02 0414
NO.	IO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	25-05-1985	Olardo Diotas	r 448 Jefferson St	Hospitali
18	CAUSE OF DEATH (Enter on	ly one couse per line		· CLYGE FIOLICE	1 -1-10 BELLETSON BE	
7 Cc	PART I. DEATH WAS CAUSE	ly one couse per line D BY E CAUSE (o) DUE TO, OR AS		*		
CCERTIFICATION DATE OF THE OF	part I. DEATH WAS CAUSE IMMEDIAT on ditions, if ony, which over rise to immediate buse (o), stoting the iderlying couse lost	y one couse per line D BY E CAUSE (0) DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT 19b CONDITION 21b, TIME OF IN	S A CONSEQUENCE OF RIBUTING TO DEATH BUT N FOR WHICH OPERATO	NOT RELATED TO THE TERM PURCLEMENT WAS PERFORMED	INAL DISEASE OR CONDITION GIVEN LEAST QUEASE 200 AUTOPSY? 200 IF YES, W	IN PART 1 (a) Legger WEEF FINDINGS USED VERE FINDINGS USED G CAUSES OF DEATH?

Major M/

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22e ADDRESS

236. BURIAL, CREMATION, REMOVAL (SPECIFY) 23h DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

STATE COUNTY

BP.

etoined by the hospitol or

DHMH - 16 50M 7/77 (VR A 15 (4))

/26/80 Burial 24 FUNERAL DIRECTOR

25a. Osborne P.O. Box 348 Williamsport Md.

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FOR

REGISTRAR

- STATE

(VRA 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

REG NO

CERTIFICATE OF DEATH

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	1 - STATE				MENT OF HEAL	F MARYLAND TH AND MENTAL I		0	5	3 13
	REGISTR.				XAMINER'S	CERTIFICATE	OF DEATH	REG. NO.		. 0
	. DECEASED I	11.77	IRST	WIDDIE	T.	LAST	20. DATE KN OF E DEATH M	STI- MG		AR 25. HOL
2	. SEX	Jol 14 RACE	nn Is date o	Allen		OLFINGER		ATED X	Feb 198	10
1	male	whit	MONTH	DAY YEAR	6. AGE (IN YEARS IF LAST BIRTHDAY) MC	UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE PRONOUNCE DEAD	D To	B 20 198	YO 130
5	FOREIGN COU	e (STATE OR NIRY) land		U.S.A	RY? 8. MA	RRIED NEVER MARE	IED 🔠	ECITY OR CO		H /
	Hage	rstown	(1F NOT I	OF HOSPITAL, NUR IN SUCH FACILITY, GIVE STI	REELADORESSI 8	THER INSTITUTION	FOR MOST DE WORKING	G LIFE)	ORK 126 KIND OF OR INDI	F BUSINESS USTRY
13	30. STATE		HOME OR OTHER INSTI COUNTY Wash		efore admission) OR TOWN erstown	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS Rt. 8	Box 12	3	
1	4. FATHER'S N		MIDDLE S.	Wo	lfinger	15. MOTHER'S MAID FIRST Luell	AHDDI		Shifi	er
1	60. WAS DECE (YES, NO, OR L NO	EASED EVER IN U.	S. ARMED FORCE S, GIVE WAR OR DATES		AL SECURITY NO. -36-7173	Mr. Russe	ll A. Wolfi	nger	Hagersto	wn, Md.
	gav	ditions, if any, re rise to imme se (o) stoting the c	ediote / (t	b)						
	PART 2 OT	g cause last. HER SIGNIFICANT COND	oitions <u>contributing</u>	ETO, OR AS A CONS		EASE OR CONDITION GIVEN IN PA	RT 1 (o).			
	PART 2 OT	g cause last.	(c	c)	EO TO THE TERMINAL DIS		iRT 1 (σ).		20. AUTOF	_
	PART 2 OT 19a. DAT 21a. EXTI	G COUSE LOST. HER SIGNIFICANT (ONG TE OF OPERATION ERNAL CAUSE W., YING OR BUTING CAUS	DITIONS CONTRIBUTING 19b. AS 21b. HC	CONDITION FOR VITIME OF INJURY DUR A.M. MONTH P.M.	PHICH OPERATION DAY YEAR 19	WAS PERFORMED?		IN ITEM 18 PART 1	YES [_
	PART 2 0T PART 2 0T PART 2 0T PART 2 0T PART 2 10. EXTI	G couse lost. HER SIGNIFICANT (ONG TE OF OPERATION ERNAL CAUSE W., YING	DITIONS CONTRIBUTING 19b. AS 21b. HC SE OF DEATH	CONDITION FOR W	CO TO THE TERMINAL OIS WHICH OPERATION DAY YEAR 19 (AT HOME, 21F.	WAS PERFORMED?		IN ITEM 18 PART 1	YES [_
3	PART 2 0T PART 2 0T 19a. DAT 21a. EXTI UNDERL CONTRI 21d. INJU WHILE AT WOF	G COUSE LOST. HER SIGNIFICANT COND TE OF OPERATION ERNAL CAUSE W. YING OR BUTING CAUS JRY OCCURRED RK NOT WHIL AT WORK Certify that I taak resulted from:	DITIONS CONTRIBUTING 19b. AS 21b. HC E OF DEATH 21e. S1	CONDITION FOR VITIME OF INJURY DUR A.M. MONTH P.M. PLACE OF INJURY	CATHOME, 21f.	WAS PERFORMED? HOW INJURY OCCURRI	CITY OR TOWN	ond in r	YES [□ мо 💢
2	PART 2 0T 19a. DAT 21a. EXTI UNDERL CONTRI 21d. INJU WHILE AT WOR ACTUAL SIGNAT EXAMIN (TYPE OF	G COUSE LOST. HER SIGNIFICANT CONG TE OF OPERATION ERNAL CAUSE W. YING OR BUTING CAUS BUTING CAUS RY OCCURRED NOT WHIL AT WORK I certify that I taak resulted from: URE PRINT)	DITIONS CONTRIBUTING N 19b. AS 21b. HC SE OF DEATH Charge of the rem Natural couses 1	TIME OF INJURY OUR A.M. MONTH P.M. PLACE OF INJURY TREET, FACTORY, FARM, ETC.	HICH OPERATION AT YEAR AT HOME, C.) A Suicide	WAS PERFORMED? HOW INJURY OCCURRI LOCATION STREET OPSY, Inspectic, Homicide, TITLE (SPECIFY) ,M.D	CITY OR TOWN In M. Inquiry D Undetermined monnitudes Av Ha	ond in r	YES [OR PART 2) COUNTY my opinian	□ мо 💢
2	PART 2 0T 19a. DAT 21a. EXTI UNDERL CONTRI 21d. INJU WHILE AT WOR ACTUAL SIGNAT EXAMIN (TYPE OF	G COUSE LOST. HER SIGNIFICANT CONG TE OF OPERATION ERNAL CAUSE W. YING OR BUTING CAUS SIRY OCCURRED NOT WHILL AT WORK certify that I taak resulted from: URE LER'S NAME	DITIONS CONTRIBUTING N 19b. AS 21b. HC SE OF DEATH Charge of the rem Natural couses 1	TO DEATH BUT NOT RELATE CONDITION FOR V TIME OF INJURY OUR A.M. MONTH P.M. PLACE OF INJURY TREET, FACTORY, FARM, ETC Accident Jeefs 23c. N	CO TO THE TERMINAL DISCOURTS OF CEMETERY	WAS PERFORMED? HOW INJURY OCCURRI LOCATION STREET OPSY, Inspectic, Homicide, TITLE (SPECIFY) ,M.D	CITY OR TOWN Inquiry Undetermined monni	B, ond in reer □, ER S	YES [OR PART 2) COUNTY my opinian	□ мо 💢

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